First Call for Children

'The essential needs of children should be given priority in bad times as well as good' — *Plan of Action, World Summit for Children*

Setting the water standard

Experts estimate that as many as 40 billion hours are spent hauling water in rural Africa each year. The burden, which falls primarily on women and girls, steals time from school and other productive activities and burns energy that could be better expended. Universal access to safe water is one of the year 2000 goals and improvements in access are a partial goal for 1995.

For more than 1.6 billion people, water is a rare and precious resource, the gold standard by which lives in developing countries can be measured: the hours it takes to fetch it, the calories consumed in the effort, the relief it brings to thirst and fever, the lives lost through water-borne, water-washed infections.

An opportunity exists to set a new water standard in the years left before the turn of the century. The health benefits and better lives clean water and sanitation bring now must reach the poor and underserved who live in the countryside or in clusters of hardship at the edge of well-served cities.

As articles in this issue show, a redirection of energies and resources, combined with simple, affordable technologies and schemes to recover costs, can help make water, the universal need, universally available.

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United Nations Children's Fund

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1995 goals set new pace for year 2000

Some of the year 2000 goals are suddenly closer and Dr. Nyi Nyi, Special Assistant to the Executive Director of UNICEF, describes the advantages of the new timetable for improving children's lives. Patricia Lone reports.

Hoping to give the year 2000 goals for children a mid-decade boost, UNICEF is highlighting 10 to be achieved globally by 1995. For a further three, which probably will not be reached before the year 2000, mid-decade parameters of progress are also defined. *(Please see page 4 for the 1995 goals.)*

"It's unrealistic to expect everyone to reach all 27 goals adopted at the World Summit for Children in the very last years of the race," said Dr. Nyi Nyi, explaining why the timetable for achieving some goals was accelerated.

Setting 1995 targets "helps break the goals up into doable chunks, and gives governments a chance to develop the systems needed to achieve the year 2000 goals and to build the confidence and momentum they need," he explained.

Why these goals?

Many countries are already tantalizingly close to a number of the 1995 targets.

"Take the goal to raise immunization levels to 80 per cent or more in all countries," said Dr. Nyi Nyi. "We have already reached that average globally, and individually a number of countries are at or even beyond that level.

"Each country can set its own goal based on these targets. In many countries," he continued, "they are, in fact, trying instead to reach 90 per cent."

Set out for 1995, the goals illuminate strengths to be tapped and weaknesses to be overcome with a new clarity and focus. "The greatest challenge, in terms of regions, is to raise coverage levels in Africa to 80 per cent and, in terms of antigens, to raise measles coverage. This is the injection given last, and people often don't make that last trip, so measles coverage is usually the lowest," Dr. Nyi Nyi said.

The goals also overlap and reinforce each other as well as the other year 2000 goals. Four of the targets, for example, are directly related to immunization.

The 1995 goal of eliminating vitamin A deficiency, related to improved overall nutrition, has its own strategic connection to immunization. Vitamin A supplements, which help reduce young child disease and death, are needed to prevent and/or correct vitamin A deficiency, especially for young children, who may not always eat the right type of food. The supplements can be tied in to immunization schedules, "given as drops or in capsules when children get their measles shot, and then on two other occasions before they reach the age of two," said Dr. Nyi Nyi.

At least five of the mid-decade goals are related to the access mothers

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WATER AND SANITATION

Governments and donors must change priorities

UNICEF-5495/Grosbois

Women at a community tap in Morocco. Today, only about 30 per cent of those living in rural communities have access to water and sanitation facilities.

By Ian Steele

With the year 2000 fast approaching, the goal of achieving universal access to water supply and sanitation seems to be an unlikely prospect. Unlikely, that is, unless governments and donors are prepared to change their priorities for the sector.

For years, resources have gone for high-cost household connections and tariff subsidies for middle and upper income urban dwellers, leaving the poor majority in most rural and peri-urban communities high and dry.

From the perspective of senior UNICEF officers and other supporters of affordable technologies for the poor, the 1990s so far have been a rather pale extension of the International Drinking Water Supply and Sanitation Decade (1981-1990). Although it, too, set its sights on universal coverage, about 80 per cent of the US$10 billion a year spent during the decade went towards services for urban populations. Governments subsidized urban user fees so heavily that ministries were unable to recover even their maintenance costs.

External agencies, including the World Bank, reinforced this approach by favouring urban rehabilitation projects over proposals for unserviced peri-urban and rural areas.

By the end of the Water Decade, an additional 1.3 billion and 748 million persons gained water and sanitation services respectively. Still, 31 per cent of the world's population entered the 1990s without safe drinking water supplies and 43 per cent lacked sanitary excreta disposal systems.

And today only about 30 per cent of those living in marginal urban and rural communities have access to water and sanitation facilities, compared with 80 per cent of people in higher-income urban areas.

Low-tech, low-cost ways to the goal

Although most countries have struggled just to keep pace with new demand gen-

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Dangerous drugs for diarrhoea under FDA review

By Jillian Aldebron

Children in the US are routinely being treated with antidiarrhoeal medications that leading health authorities maintain are ineffective at best and can be dangerous.

This charge was made by consumer watchdog group Public Citizen in a 7 January 1993 petition urging the US Food and Drug Administration (FDA) to ban or relabel products containing the five antidiarrhoeal drugs most commonly administered to children in the US and elsewhere. The document cited reports from the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC) that have already prompted at least 10 developing countries to act against the drugs.

The FDA has jurisdiction over drug composition and labelling only within US borders, but its decisions resonate in health ministries throughout the world. Countries that lack the resources to conduct drug evaluations typically follow the FDA's lead when formulating policies of their own.

An outright FDA ban of a drug would remove it from US shelves. Still, international divisions of American pharmaceutical companies, which handle worldwide production and distribution, need not comply with FDA decisions — nor must foreign manufacturers. And despite export restrictions on banned US medications, American stocks in the form of charitable contributions could continue to be funnelled through aid agencies into the hands of developing country consumers.

What are the hazards?

After reviewing research on paediatric use of diphenoxylate, loperamide, kaolin-pectin, activated charcoal and attapulgite — all named in the petition — WHO concluded that "none has any proven value and some are dangerous." The CDC concurred, asserting that "little evidence exists to support the use of nonspecific drug therapy in children, and much information exists to the contrary." The Public Citizen petition also called for restrictions on adult formulas of these drugs.

Diphenoxylate, an anti-motility drug best known as the prescription medicine Lomotil, was found to interfere with fluid replacement in children, and prolong bacillary dysentery by delaying elimination of its cause. The narcotic-related drug was further linked to central nervous system toxicity and some fatalities, even in prescribed doses.

Reported side-effects of the opium-analog loperamide have included paralytic ileus (non-functioning intestine), abdominal distension, toxic delirium and coma. In 1990, the deaths of six children in Pakistan were associated with loperamide paediatric drops (brand name Imodium). *(See 'Doctor honoured' story on page 10.)* As a result, the manufacturer Janssen, a subsidiary of Johnson &

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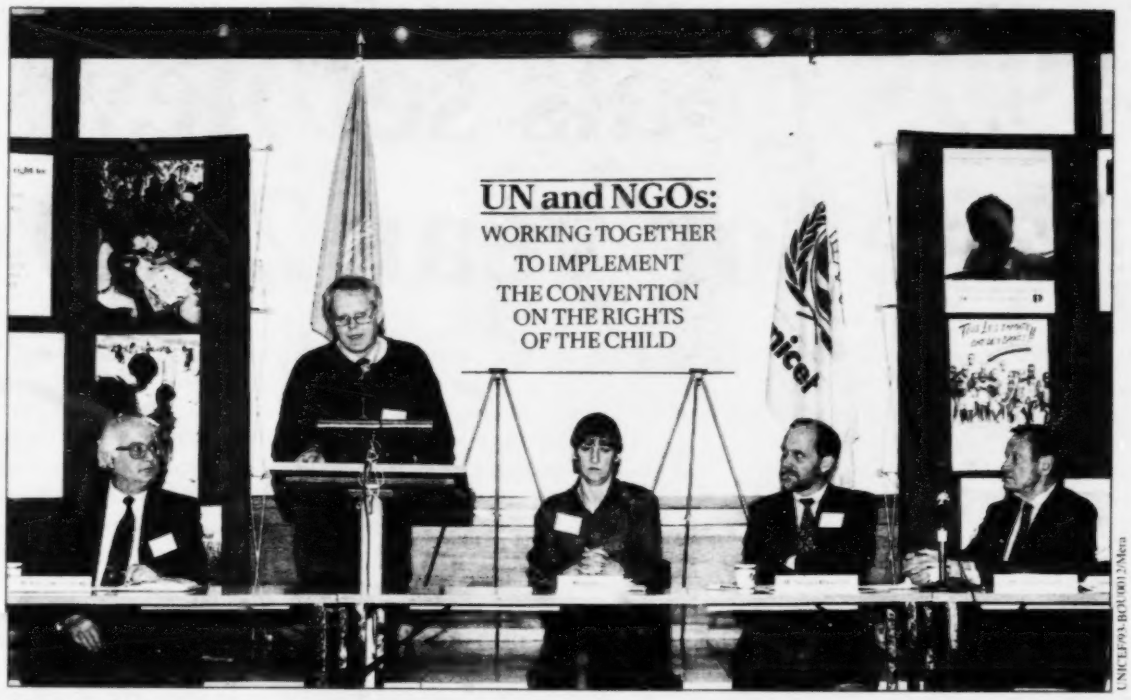
Resources and media attention needed to boost child rights

Thomas Hammarberg, a member of the Committee on the Rights of the Child, was in New York at the end of March to address the Consultation on the Implementation of the Convention on the Rights of the Child: The Role of UN Agencies and Non-governmental Organizations. The following article, about the potential and challenges of the Convention on the Rights of the Child, is based on an interview he gave* First Call for Children *and remarks at meetings and briefings during his visit.



UNICEF/93-BOU0012/Mera

Thomas Hammarberg speaking to members of NGOs and UN agencies at a joint consultation. From left are Enayat Houshmand (UN Centre for Human Rights), moderator Carol Smolenski (Christian Children's Fund), host Terry Meersman (Save the Children) and James P. Grant (UNICEF Executive Director).

Records continue to fall when it comes to the Convention on the Rights of the Child. Entering into force more quickly than any other human rights treaty, within nine months of its adoption by the United Nations General Assembly, it is now also the most widely ratified human rights treaty ever. By 1995, it is expected that all countries will have ratified it.

Will the speed — and level — of its implementation be the next record set? Thomas Hammarberg posed the question: "We have this quite extraordinary support, but how can we make this Convention a reality?"

Part of the answer is already emerging as countries review their legal codes and create structures and capacities to give life to the Convention.

Hammarberg ticked off a series of examples: "In Thailand, for instance, a group of parliamentarians reviewed the laws and came up with more than 60 proposed amendments, some of which were subsequently approved by the parliament. In Bolivia and Viet Nam they have proposed a completely new code for the protection of children. In Namibia, they included the concept of the rights of the child in their new constitution. Some countries are discussing the possibility of creating a children's ombudsman, as Costa Rica has already done *(see* **First Call for Children**, *No. 2, 1993)*; others have set up commissions or committees."

A point Hammarberg stressed was the Convention's intrinsic dynamism. "This is not a dead document with some dry rules on how to behave," he said. "It has a vision, a philosophy," he continued, citing articles 2, 3, 6 and 12.

It is also comprehensive, integrating in its sweep social, economic and cultural as well as political and civil rights, the first human rights treaty ever to do so.

Industrialized countries, he explained, have previously emphasized civil and political rights, but considered economic and social rights — the right to food or education, for example — not rights so much as ambitions. Countries of the South, on the other hand, often felt such economic and social rights to be more important than civil and political ones. The Convention shows "the interrelationship between the two types of rights," Hammarberg said.

The media connection

Another of the Convention's major strengths is its subject. The world — cynical, cruel and oblivious as it is to many injustices and crimes — still seems able to muster at least public indignation and generosity when children are shown to be suffering and abused. The paradox is, however, that children's tragedies and the ways to prevent or alleviate them, like the Convention, often remain unseen and unheard.

"There is enormous good will around work for children," Hammarberg said. Yet "the international media does not seem to be very interested in this type of issue," he continued, referring to the Convention. This leaves a vacuum that he hopes national media will fill, especially the media of those countries that meet with the Committee on the Rights of the Child to discuss their national reports.

So far, six countries — Bolivia, Egypt, Russia, the Sudan, Sweden and Viet Nam — have appeared before the Committee to discuss how they are implementing the Convention. After the discussions, the Committee issued its concluding observations about each country in a document summarizing what was said and defining the major areas of concern. It was, Hammarberg said, "a public document meant to encourage discussions. We hope it will be carried by national media."

It still is not clear how much publicity the Committee's concluding observations have generated. What is clear is that the information seems ready and waiting for dissemination and debate, and the Committee, Hammarberg mentioned, would welcome all assistance in this area.

Hammarberg also explained that the Committee — with only 10 members and a limited budget covering only two meetings a year — cannot realistically monitor what governments are doing to make the Convention a reality. He stressed how important it is for governments to permit as many non-governmental organizations as possible to play a part in ensuring the Convention's implementation and in preparing country reports *(please see article on page 14)*.

Available resources

"We in the industrialized world do not have to choose between feeding the hungry at home and abroad, between immunizing our children and children abroad," said Marian Wright Edelman in April this year, speaking as head of the US delegation to the UNICEF Executive Board. "Our world has the resources and the knowledge and responsibility to do both."

As welcome as her words were, the fact remains that many industrialized countries are reducing their aid commitments in some areas and redirecting the limited resources available to East and Central Europe, Russia and the Central Asian Republics. The implications for children — and their rights — elsewhere are sobering.

"This is the only human rights document where there is a direct linkage between problems relating to human rights and assistance. It is there in article 4," Hammarberg said. ("...With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.")

It is also to be found in the articles dealing with education, the needs of disabled children and the right to health. "On those points, it is spelt out in the Convention that a poor country would have the right to expect support from the richer countries to implement fully the standards of the Convention," he added.

Lack of resources, however, is no excuse for lack of compliance with at least the spirit of the Convention's provisions, in the Committee's thinking. "We try to assess whether the political will is there, whether the budget reflects priority to children, whether there are administrative structures so that it is possible for children to have influence," Hammarberg said.

Research needed

A number of technical challenges lie ahead. If progress is to be reflected accurately, indicators will be needed, Hammarberg said. "We are using the targets and goals of the World Summit, but they mainly relate to health and education. There is a lack of indicators when it comes to a number of the articles in the Convention, particularly those related to children in especially difficult circumstances."

Studies are needed on various subjects, among them children in armed conflict; resource mobilization; and the interpretation of the phrase, "the best interests of the child," which appears in article 3.

The Committee also faces a lack of resources, which, according to Hammarberg, has had at least one positive effect. "It has made it necessary to build networks and to coordinate with other groups and institutions," he said, pointing to the close collaboration established with various agencies of the UN system and UNICEF, as well as research institutions which provide vital information and data.

HEALTH NOTES

Toll from negligence and violence avoidable

Much of the grim toll taken by accidents, negligence and violence worldwide needs to be recognized as both avoidable and preventable, the World Health Organization (WHO) recently urged, citing the 700,000 lives lost a year in road accidents, nearly two thirds of them in the developing world, and other avoidable injuries, suicides and murders. Injuries of all kinds cost the world community almost US$500 billion a year in medical care and lost productivity. In a related vein, the end of the United Nations Decade of Disabled Persons (1983-1992) was marked by the 17th World Congress of Rehabilitation International last year, where the need for disability prevention was similarly stressed. The Congress referred specifically to armed conflicts which have maimed 150 million people since the end of World War II. Among the world's 500 million disabled people are about 150 million children. More than 80 per cent of all the disabled live in developing countries and fewer than 3 per cent receive any rehabilitation services.

Malaria vaccine donated to WHO

The Colombian doctor, Manuel Patarroyo, who developed the first chemical vaccine against malaria — SP f66 — has given control of the vaccine to international agencies such as WHO and UNICEF, saying he feels they will use it most effectively. Patarroyo's work over 10 years was supported by the Colombian Government and foreign private and public aid. The breakthrough brings hope that the more than 1 million deaths from malaria each year (including those of 800,000 children under five) can be reduced.

Beijing conference supports Education Summit

The Summit on Education for All, a bold venture planned for November this year, will bring together the Heads of State and Government of the nine most populous developing countries of the world. The countries are Bangladesh, Brazil, China, Egypt, India, Indonesia, Mexico, Nigeria and Pakistan. Together these countries account for three quarters of the world's over 1 billion illiterates and two thirds of some 300 million children who either do not complete the primary cycle of education or never even enrol in school.

The collaboration among the nine countries is expected to generate a wealth of innovative experiences and creative approaches to be shared in this south-to-south cooperation.

Support for the Summit was expressed at a national conference on education for all held in Beijing in March, attended by Vice Governors, heads of provincial education commissions and education specialists from all 30 provinces of China as well as ministerial or high-level delegations from Bangladesh, Brazil, India, Nigeria and Pakistan.

It was the first time such overseas delegates had attended a Chinese national conference on education. Special invitees included the Executive Director of UNICEF, James P. Grant, and the Director-General of the United Nations Educational, Scientific and Cultural Organization (UNESCO), Federico Mayor.

Premier Li Peng of China, who opened the conference, explained that the meeting was a way "to take stock and formulate plans about universalization of primary education and elimination of illiteracy in China and coordinate with the nine-country Summit on Education for All ..."

The heads of UNESCO and UNICEF originated the initiative when they reminded the leaders of the most populous countries of the goal of education for all set at the 1990 World Conference on Education for All in Jomtien (Thailand), and invited them to "be personally and actively involved" in energizing the activities in their countries and to lend their "prestige and authority" to the wordwide effort.

"These nine countries are fully capable of serving as regional and world laboratories and resources in the noble quest to bring education to all the world's citizens," said Director-General Mayor in his statement to the Beijing meeting. UNICEF Executive Director James P. Grant added, "The global initiative in the nine most populous countries will provide world leadership in education for all as well as many inspiring examples of strategies and policies."

The Education Summit is expected to be held in November, immediately after the G15 Summit (a group of 15 Heads of State and Government serving as the voice of the South on major North-South issues). India is this year's venue for the G15, which meets every two years, and Indian Prime Minister Narasimha Rao has offered to host the Education Summit as well.

UNICEF/1983/Sprague

In China, 80 per cent of children were attending primary school in the beginning of the 1980s.

China offers learning feast for all

By Manzoor Ahmed

Eight hundred kilometres south of Beijing, across the Yellow River, is the village of Tanchunwan. In the centre of this typical central plains village stands a large two-storey, L-shaped brick building, the primary school.

All 210 children of preschool and primary school age in Tanchunwan attend the school. The headmaster reports that almost all children go on to complete the full primary cycle, from kindergarten to grade six, and then enrol in junior middle school in a nearby township.

Tanchunwan was declared free of illiteracy by provincial authorities in 1989, a status enjoyed by most other villages in the area.

Approximately US$100,000 was needed to construct the new school building, completed two years ago. The funds came from the village itself, or more precisely, from a successful village entrepreneur, who, under the liberal economic order, now runs the village coal pit at a profit. The 12 teachers' salaries and other operating costs are paid from a combination of sources: The county's share of tax revenues provided by the provincial government finances 60 per cent, and the rest is raised at the county and township levels.

The school has a library and is equipped with essential learning aids, sports equipment and musical instruments, all testifying to a comprehensive and well-run programme of basic education for children.

Pragmatic approaches

Tanchunwan primary school is by no means an exception. Since its inception in 1949, the People's Republic of China has made basic education a cornerstone of its national development effort.

The country combined mobilization with pragmatic approaches to extend educational opportunities to all, and by the beginning of the 1980s the primary school enrolment rate reached 80 per cent. At the same time, the adult literacy rate, barely 20 per cent in 1949, was over 60 per cent.

In the 1980s, the intricate structure of political and economic control, mobilization and management of social services at the local level through the communes began to be dismantled. The Government ensured, however, that the basic education programmes, especially primary education, did not suffer. County and township authorities, which partially replaced the communes, were enjoined to keep the primary schools running and to find the necessary resources for them.

One pragmatic approach was for the community and parents to appoint *minban* teachers, who were less qualified and thus paid a much smaller salary than their official counterparts. *Minban* teachers formed the majority of the teaching force in primary schools until the mid-1980s, and still comprise over a third of primary teachers.

Another approach was to encourage part-time, spare-time and abridged primary education courses for children and young adults. In less developed parts of the country, the simplified curriculum often consisted only of Chinese language and arithmetic classes. The aim was to offer a minimum opportunity to all until a complete and well-developed programme was available.

Different needs, different goals

Policies adopted in 1985 set differentiated targets for achieving universal nine-year compulsory education, in urban and economically developed areas, average rural areas and the less developed and less accessible parts of the country. By the year 2000, 95 per cent of the population are to have completed nine years of education; by early in the next century the remaining 5 per cent will reach the target.

The new policies also formalized and strengthened the de facto local responsibility for planning, managing and controlling resources at township and country levels.

National policy guides also required that annual allocations and expenditures for education should increase faster than the rate of economic growth at any particular administrative level.

Consequently, as China's economy surged at a record rate of 9 per cent per annum in the past decade, local authorities and communities all over China invested generously in basic education and the construction of educational facilities. Almost invariably, the primary or general middle school, the adult education centre or a vocational middle school is the most prominent new building in an area. Education is seen as the foundation of economic prosperity and essential for sustaining future economic growth. Educational facilities and programmes have become matters of pride and competition among localities.

New literacy needs

As the literacy level has grown, so too has the demand for knowledge and skills relevant for improving productivity and the quality of life. Adult education centres, catering to these needs, have sprouted all over.

In Xin Dian (pronounced Shin-dee-an) township, the adult education centre serves 53,000 residents of the 29 villages within the township boundary.

The centre, completed in 1989, has a floor space of 2,200 square metres and is on a 12-acre compound. The full-time teaching staff of 12 is complemented by resource persons drawn from other institutions, government departments and private enterprises.

Various courses are offered at the centre, lasting from a few days to six months. In the last three years, some 6,300 people received training in such skills as chicken and rabbit farming, forestry, fruit growing, maintenance of motorized farm equipment, family planning, marketing and managing small enterprises. The centre also experiments in improving local crops and animal breeding, has arranged for supplies of and advice on farm chemicals and seeds and provides consultation to local entrepreneurs on new production technologies.

With almost a quarter of the 1.1 billion Chinese engaged in organized formal and non-formal education activities of some kind, there is in China a veritable feast of learning opportunities in which all can partake.

Dr. Manzoor Ahmed is the Associate Director of the Programme Division, UNICEF New York. He served as UNICEF Representative in China from 1986 to 1991. He is the principal author of the book, Basic Education and National Development: Lessons from China and India, *UNICEF, New York, 1991.*

What are the goals for 1995?

1. Elimination of neonatal tetanus
Tetanus toxoid (TT) immunization of all women of child-bearing age is a priority strategy, as is the creation of good surveillance and monitoring systems. Tetanus toxoid is the cheapest vaccine, costing only 4 US cents per dose. Currently, on the global level, 440,000 infants die annually from neonatal tetanus, generally contracted during deliveries in which hands, surfaces or instruments are unclean, making clean and safe delivery also vital.

2. Reduction of measles deaths by 95 per cent and of measles cases by 90 per cent
Special campaigns may be needed in countries and cities where coverage has not been high. Campaigns are already under way for children under 15 in Latin America, to be followed by efforts to sustain high coverage of 85 to 90 per cent or more. Surveillance will identify areas in need of focus and attention. At present, 1 million children die annually from measles worldwide.

3. Raising expanded programme on immunization (EPI) coverage to 80 per cent or more in all countries
Immunization levels vary from country to country, but generally sub-Saharan Africa faces the greatest challenges in raising and sustaining levels, while East and South-East Asia have the highest coverage, averaging in the high 80s or over 90 per cent. National immunization reviews will be vital, as will identifying areas of need and regular follow-up. In many countries, reducing the drop-out rate alone can add several percentage points. Countries will need to work towards vaccine self-sufficiency, either through local production or the vaccine independence initiative.

4. Elimination of polio in selected countries
Polio-free zones are to be created in areas where no cases of polio have been reported, such as Latin America, several countries in the Middle East and northern and southern Africa. Surveillance and monitoring are vital; meeting the associated vaccine costs is a cause of some concern. Globally, over 100,000 children are paralysed by polio each year.

5. Achievement of 80 per cent usage of oral rehydration therapy (ORT) as part of the control of diarrhoeal diseases (CDD)
Correct case management of diarrhoeal disease includes the identification of the three different diarrhoeal types: watery diarrhoea; diarrhoea in which blood is present in the stools; and persistent diarrhoea.

Roughly 50 per cent of all deaths from diarrhoea are due to what is called watery diarrhoea, the type most manageable with oral rehydration salts and ORT. Antibiotics are called for if blood is present. Persistent diarrhoea is associated with malnourishment. Over 3 million children die annually from diarrhoea.

6. Achievement of the baby-friendly hospital initiative (BFHI) in all countries
Seventy-one developing countries have already taken action to end distribution of free and low-cost supplies of infant formula. Together with those countries that had never received free supplies, a total of 127 countries either have acted to end or don't have the problem of free or low-cost supplies in hospitals and maternity facilities. Only three developing countries have yet to do so. The target is to end, by June 1994, free supplies in industrialized countries. By 1995, it is hoped that all hospitals will be following the 'Ten Steps to Successful Breastfeeding'.

7. Universal iodization of salt
The iodization of all salt consumed in all countries, whether imported or produced domestically, will prevent new cases of iodine deficiency disorders (IDD).

8. Elimination of vitamin A deficiency
Supplements of this vitamin given to children during measles immunization and at 18 or 24 months through immunization structures will reduce the approximately 250,000 cases of blindness in young children which deficiency causes each year, and also help lower child deaths by about one third in many parts of the world.

9. Eradication of dracunculiasis
This problem is responding to effective collaboration among a number of organizations and governments, and occurs primarily now in the most remote and underserved areas of sub-Saharan Africa and in parts of India and Pakistan.

10. Universal ratification of the Convention on the Rights of the Child
Universal ratification of the Convention would set an important precedent, bringing the rights of children close to becoming humanity's first universal law. Currently, 141 countries have ratified.

Three further, partial goals:

Nutrition: The year 2000 goal calls for severe and moderate malnutrition to be halved. By 1995, countries must reduce levels of severe and moderate malnutrition by one fifth.

Gender/education: Countries are to reduce both the gap between boys' and girls' enrolment rates in primary school and the gap between the current primary school enrolment/retention rate and the year 2000 goal by one third.

Water/sanitation: The year 2000 goal calls for universal access to water and sanitation facilities. By 1995, countries are to narrow the gap between 1990 water access levels and the goal by one fourth; and between 1990 sanitation coverage levels and the goal by one tenth.

Goals set pace

continued from page 1

and children have to health centres or community health workers. If the role of these health providers in the case management of diarrhoea and in educating people about oral rehydration therapy (ORT) is included, the goal of achieving 80 per cent ORT use, therefore, becomes the sixth tied in to the spectrum of health services and care. Luckily, the infrastructure built up in reaching universal child immunization (UCI) is a firm base.

So, too, is the legacy of social mobilization left by UCI: The commitment and determination of governments, national leaders and many other people remain as crucial in meeting the goals as they were to reaching UCI. The elimination of iodine deficiency disorders (IDD), for example, Dr. Nyi Nyi said, is already being called the 'next UCI' because it has generated so much interest and is eminently doable. He added, "If only everybody would take iodized salt, IDD would be reduced to negligible proportions in two years."

Some strategies

Dr. Nyi Nyi summed up the Pan American Health Organization's strategy to reduce measles incidence in one word: "fascinating." In three words it could be called "one for all."

"They give a measles shot to every child, up to the age of 15, at one time in a concerted campaign, regardless of whether they were vaccinated before," he explained, "covering the entire population. If they catch everybody, it cuts the risk factor to zero. Then the following year coverage remains at 80 or 90 per cent if every newborn is caught. Then, every three or five years everyone below the age of three or five could be given a shot. By doing this two or three times basically everyone is covered."

Devising strategies to meet the costs of the immunization-related goals will be an important challenge. "Several countries — China, India, Indonesia, Viet Nam — are trying to produce their own vaccines," said Dr. Nyi Nyi, citing one strategy.

Another, he explained, is the vaccine independence initiative, which aims to help all countries buy all their own vaccines within the next five years, through their own foreign exchange reserves or by converting their local currency into foreign exchange for them through the initiative.

Countdown to 1995

From now to 1995 is around 900 days, a fairly short time span on the scale of things, until one considers that another 31.5 million preventable child deaths will occur in the period, if trends continue. Making the best possible use of the weeks, days, minutes, will be crucial.

"Flagship countries will be important," said Dr. Nyi Nyi, "because this is a race and in a race somebody must run faster so others are encouraged to catch up. Also, flagship countries provide an example, so that countries lagging behind can see how it is done."

Political commitment at the highest levels is perhaps the most crucial ingredient, according to Dr. Nyi Nyi. "Having said that," he added, "if you don't have a system — for delivery, for monitoring, for getting people to bring their children for immunization — it won't work."

And systems need to be efficient, well-organized and cost-effective. "It is important to find the means to accomplish the goal at the lowest cost," said Dr. Nyi Nyi.

Patricia Lone is the Editor of **First Call for Children**.

A baby is immunized in Afghanistan. Since 1985, Rotary has raised over US$240 million to support immunization programmes in 97 countries.

Rotary pushes attack on polio

By John Shaw

A major milestone in the campaign to eradicate polio was a highlight of one of the biggest international conferences ever held in Australia. More than 20,000 Rotarians and guests from over 100 countries witnessed the symbolic immunization of the 500-millionth baby to be protected under Rotary's PolioPlus Programme.

The opening feature of Rotary's convention, held in Melbourne this year in late May, included the participation of Dr. Carlos Canseco, past president of Rotary International, who helped launch its PolioPlus Programme in 1985. Eight-month-old Kezia Anne Bautista was another important participant, brought to Melbourne from Manila — with her parents — by Rotary for the ceremony. Cradled in her mother's arms and crying vigorously in the glare and flash of television and press cameras, Kezia represented the half-billion children saved from the risk of crippling disease by the Rotary-UNICEF-World Health Organization campaign against polio.

As recently as 1985, polio annually struck an estimated 500,000 children worldwide. Since then Rotary has raised US$240 million for immunization programmes in 97 countries. The number of reported polio cases has now fallen dramatically to about 120,000 a year. The goal is to eradicate the disease.

Dr. Canseco considers the anti-polio programme one of Rotary's greatest achievements. "There are more than 2 million children playing and walking normally today who would have been crippled by polio without the great immunization campaigns of the past decade," he said in Melbourne.

John Shaw is a freelance writer in Australia.

Haitian youth face one another and AIDS

By Jillian Aldebron

At first glance, what appeared on the screen might have been just another bland televised health debate.

But it wasn't.

"I'm sorry about going back to this," said Fritz-Gerald, a teenager discussing AIDS and sex on national television in Haiti, with the frank, uncensored enthusiasm that cannot be coached. "But I really want to have a clear answer. It's about oral caressing..."

"That's a question I get very often," gynaecologist Marcelle Deschamps began, and continued with the candid intimacy of a private consultation, oblivious to the television and radio audiences eavesdropping.

Filling the communication void

Innovative in approach and daring in content, the broadcast was one of six round-table discussions among youths and physicians, part of a six-month, multimedia AIDS prevention campaign for adolescents in Haiti called 'Alerte SIDA!'.

With the public sector paralysed by political stalemate, a multilateral embargo and exhausted revenues, Family Health International's AIDSCAP project, funded by the United States Agency for International Development (USAID), collaborated with 10 groups in Haiti to pilot the comprehensive education package.

"All of us working in AIDS here felt a tremendous need to do something to fill the silence" left by the Government's inability to operate, said Dr. Eddy Genece, Director of AIDSCAP Haiti. "We wanted to test the feasibility of a school-based intervention for youth. The first phase of the project was so successful — exceeding our objectives by over 50 per cent — that we developed a second phase, which combined mass media outreach with a peer approach."

Giving teenagers a voice

'Alerte SIDA!', launched in 140 schools in Haiti's capital of Port-au-Prince, offered education on AIDS and other sexually transmitted diseases in a variety of formats, including conferences, information corners, theatrical performances, video presentations and peer group sessions.

Then, to reach a broader community of youth, an AIDS telephone hotline was set up by a Haitian non-governmental organization (NGO), and radio spots and televised round-table discussions were added to the roster.

The six broadcast discussions explored three central themes: the nature, transmission and consequences of human immunodeficiency virus (HIV) infection; high-risk behaviour and methods to reduce risk; and social and psychological pressures on adolescents with respect to sexual behaviour.

The teenagers came from all social backgrounds. They raised their own personal concerns and also discussed some of the questions most frequently received by the hotline, to represent the widest concerns of youth. The two participating doctors were well-known authorities in their fields.

Group dynamics was a critical issue in designing the series. "We wanted to be absolutely sure it was a debate among the adolescents, and not a scientific discussion between two medical professionals," said Anne-Rose Durocher, director of ARCA Advertising, the local company which produced the show. The idea was to let youths speak in an atmosphere free of judgement, stigma and embarrassment.

High risk, high hopes

In Haiti, one of the 20 countries hardest hit by AIDS, HIV is transmitted primarily through heterosexual contact. Youth are particularly vulnerable: The average age of sexual initiation in Haiti is 13 years, and some 40 per cent of the population is under age 15.

"Any sexually active person in Haiti will have an average risk of exposure to HIV that is higher than any other place in Latin America, a rate comparable to that in sub-Saharan Africa," said Dr. Claudio Betts, AIDS epidemiologist at the World Health Organization (WHO)/Pan American Health Organization (PAHO). (Sub-Saharan Africa is currently the worst-affected region, accounting for half of the estimated 13 million HIV infections worldwide.)

"The issue of protecting the new generation is critical because the infection rate will come to a point where all the people who exhibit behaviour that allows them to become infected [i.e. any unprotected sexual contact], will become so," continued Betts.

Along with high risk, however, comes hope. The young are less tied to tradition, more receptive to new ways of doing things. Moreover, behavioural scientists have found it is easier to influence habits — in this case, sexual practices — as they are initially formed than to change already entrenched patterns.

Condoms vs. abstinence

In the second broadcast, one teenager interrupted the animated discussion about oral and manual sex and the relative risks of HIV infection. "The best way of not catching AIDS is not making love at all," said Jean. "But if you want to make love," he added, "you have to use a condom — it protects you against AIDS."

His observation goes to the heart of a visceral controversy in all countries dealing with AIDS prevention. On one side are those who believe that counselling youth to delay sexual activity until a stable, mutually faithful relationship is established is the only morally responsible course.

On the other are those who advocate condom use, maintaining that abstinence, while desirable, is an unrealistic expectation given the prevailing behaviour of youth. They also cite the success of condoms in reducing the effectiveness of HIV transmission by 90 per cent and in helping prevent the chronic genital infections, rampant in Haiti, that provide a hospitable environment for the virus. *(Please see box on HIV transmission below.)*

Recent research findings may support the position of condom advocates. A 1990 study conducted by the Haitian NGO Centres pour le Développement et la Santé, in collaboration with Johns Hopkins University, found HIV seropositivity rates of 8 per cent among pregnant Port-au-Prince teenagers from 14 to 19 years old who reported only one sexual partner. These young women were most probably infected during the course of their sole sexual relationship.

"The more efficient transmission is in the context of a high seroprevalence environment, the less time there will be between sexual onset and infection," said Dr. Betts. Clearly, when a population has a high general level of seroprevalence, reliance on caveats of chastity and mutual exclusivity can be fatally inadequate.

Sex education needed

What on the surface could be characterized as a battle of ethics vs. pragmatism masks deep-seated cultural biases, taboos and the psychosocial complexity of the parent/child relationship. It all adds up to a predilection for denial over confrontation.

Said one teenager during the final broadcast, "If my mother saw the condom I have in my pocket when I got home, she'd say, 'Look at my boy, my little boy, what has become of him?' She'd just freak out."

Sex education is conspicuously absent from the home. "Parents are embarrassed to talk to their kids...and kids get shut up when they try to talk to their parents," complained Myrtha, a high-school student, during the same segment.

Even health professionals may be reluctant to broach sensitive subjects at home. One well-known Haitian gynaecologist and AIDS researcher admitted privately, "I've held many sessions with young people on the importance of condoms and how to use them correctly to prevent sexually transmitted diseases and AIDS. But when it comes to my own children, I just can't do it."

But 'Alerte SIDA!' has given youth a forum — and they are demanding

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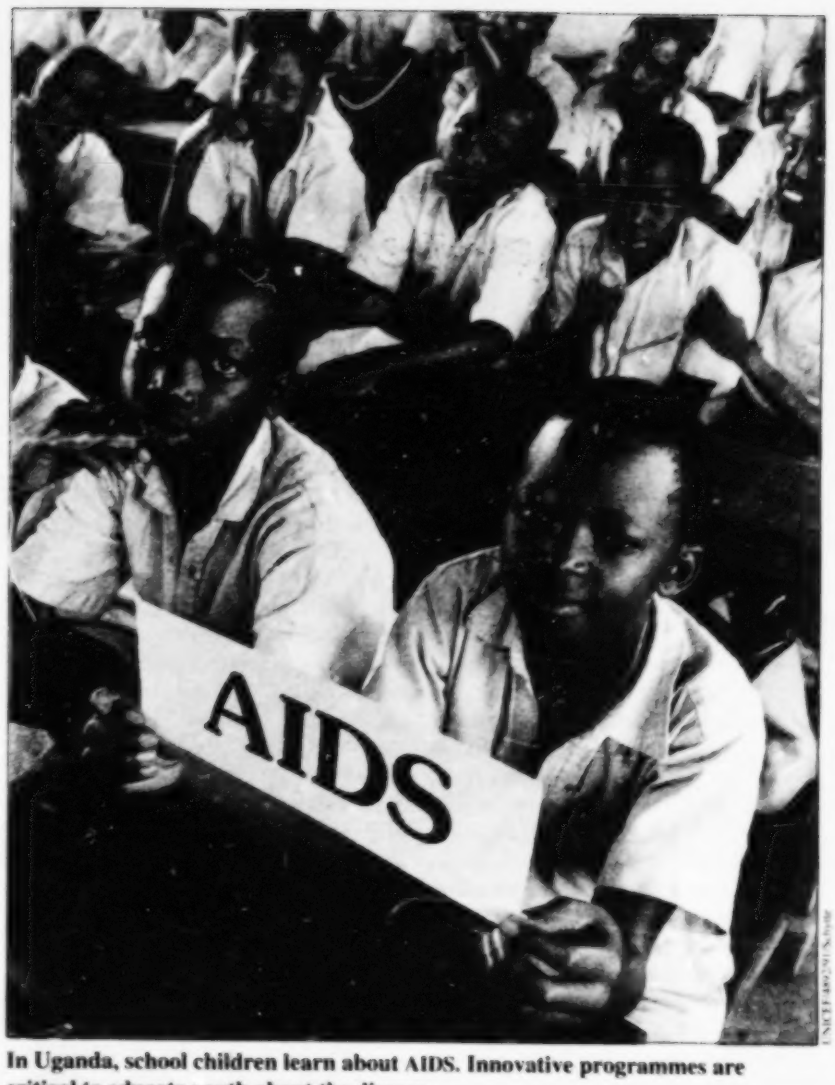

In Uganda, school children learn about AIDS. Innovative programmes are critical to educate youth about the disease.

HIV transmission

Epidemiologists cite two basic determinants of HIV infection: the risk of exposure and the effectiveness of transmission.

The risk of exposure is a function of behaviour, often considered in terms of the number of sexual encounters, combined with the overall seroprevalence rate (the percentage of people with HIV). As the seroprevalence rate increases among a given population, the number of sexual encounters becomes a less important factor.

In Haiti, the risk of exposure to HIV is elevated as there is already a significant seroprevalence rate, and sexual behaviour remains largely unchanged (i.e. unprotected) despite general awareness of AIDS. Moreover, deteriorating social and economic conditions, in Haiti as elsewhere, have increased the importance of sexual liaisons as a vital source of income.

Effectiveness of HIV transmission is determined by conditions that either favour or inhibit the virus. In a healthy genital tract, for example, the effectiveness of HIV transmission is about 0.5 per cent. When genital infections are present, however, the effectiveness of transmission increases some 10 to 20 times. People with genital diseases are thus more likely to become infected when exposed to HIV, and if already infected with HIV (because of other genital infections), they become more efficient transmitters of the virus.

In Haiti, chronic genital infections proliferate virtually unchecked, with neither diagnosis nor treatment available to the majority of the population. The estimated incidence of syphilis, for example, is as high as 12 per cent, compared to other parts of the world where it is 1 per cent or less.

How Honduras hopes to pay for Water for All

Water for All, an innovative fund-raising campaign, is getting under way in Honduras. The idea is to tap the wellspring of individual and corporate, public and private generosity to provide safe water to those who lack it.

In Tegucigalpa, 70,000 people living in underserved areas are expected to benefit from this new financing strategy that can eventually help bring healthier, better lives to all Hondurans, Lisa Janseen explains.

Potable water is vital to health and safety, but the gap between its supply and demand continues to increase annually in Honduras.

More and more people are flooding to the cities, hoping for a better life. The combined population of Tegucigalpa and Comayagüela, for example, has doubled within the last several years alone.

This influx of people compounds the problems of recession, economic crisis and external debt, leaving authorities unable to meet demands for increased basic services.

Today, more than 150,000 people living in the marginal neighbourhoods of Tegucigalpa and Comayagüela lack access to safe drinking water. They are forced to buy water of dubious quality from travelling vendors at exorbitant prices, often paying more than 10 per cent of their monthly income for their basic water needs.

Tapping a new funding flow

Over the last four years, contributions from the Swedish Government have helped UNICEF and the Honduran Government carry out 26 water projects in marginal urban areas, benefiting more than 50,000 people.

Now, in order to finance new systems, a fund-raising campaign is planned to tap into the support of all Hondurans, through individual and corporate donations, raffles and proceeds from special events.

The project, called 'Water for All', launched by UNICEF and the National Autonomous Aqueducts and Sewerage Service (SANAA), aims to raise more than US$2 million to install regular water supply systems benefiting 70,000 people in the poorest barrios of Tegucigalpa. It is hoped that the project will eventually also benefit other areas of the country.

Players and payers

The first step in building resources for the Water for All fund was to ask members of the general public in November 1992 to contribute to the fund when they paid their regular water bill from SANAA.

Efforts have been expanded now and include direct inquiries to the diplomatic community, government organizations, international associations, professional societies, private banks, businesses with a solid economic base, public and private sector employees and various clubs. All are being asked either to sponsor a special activity or to give a cash donation, technical assistance or materials such as tubing, pumps or water trucks.

In addition, collection boxes are being placed in public buildings and schools. Raffles, lotteries and drawings will be held. Student marathons sponsored by commercial institutions are planned. And cultural and sporting events featuring appearances by well-known personalities and performers will be organized.

To date, more than US$200,000 has been raised through volunteer contributions from regular water consumers and from donations. It is a good start, but the goal remains a distant mirage and collection methods, such as artist performances and other events, will still be needed.

The campaign is being widely publicized through television and radio spots, radio programmes informing Hondurans about the project, and newspaper articles.

What communities give and get

Several criteria help identify communities eligible for a water system: need, suitable physical location, legal land ownership and a demonstrated community desire to help.

Water for All responds by providing materials, technical assistance and guaranteed loans to communities to buy supplies for the system. In return, communities must actively help in building the system and then in administering and maintaining it.

The manual labour which communities contribute reduces costs by 20 to 25 per cent. These savings, together with the loan repayments communities make, go into a revolving fund controlled by the community water committee. This revolving fund then helps finance other development projects, such as family latrines and sewerage systems, thus ensuring a community's continued progress.

Tallying the benefits

Once construction of a system is under way, women are in the forefront, comprising 80 per cent of the labour force building the system.

The project thus reinforces the capacity of women to participate and assume leadership positions within their communities, as well as helps them better ensure and protect their families' health and hygiene.

And along with the many health and welfare benefits families derive from the water systems come economic gains. On average, families without water systems paid US$8.50 per month to buy water from travelling vendors. After a water system was installed, these expenses were reduced to an average of US$2.15 per month. For families with a monthly household income of less than US$98, the savings are significant.

Lisa Janseen is a freelance journalist living in Honduras.

Water and sanitation

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erated by population growth, UNICEF's experience with low-cost technologies in many of the poorest communities fuelled optimism that universal coverage was a reasonable objective for the year 2000.

Technologies such as community handpumps and pit latrines cost in the range of US$10 to US$30 per capita to install, compared with water pumping systems and sewage treatment plants that provide household connections for about US$200 and US$300 respectively.

National support for low-cost services grew sixfold during the 1980s, but affordable technologies were much less popular with donors. Only about 4 per cent of the US$3 billion available annually from external sources went towards low-cost options.

Low-income communities can also extend services to their members by sharing capital costs and charging user

Scott

fees to cover maintenance. Mr. Gourisankar Ghosh, Chief, Water and Environmental Sanitation (WES), UNICEF New York, said that the total annual running cost of urban water supply and sanitation systems in the developing world amounts to several billion dollars. "If that money had been recovered through proper costing and billing, it could have gone a long way towards meeting needs in peri-urban and rural areas," he said.

Paradoxically, the poor seem to show the least resistance to paying for water and sanitation services, perhaps because they already do so. In some of the very poorest communities, people spend as much as 40 per cent of their income on safe water delivered by vendors.

Keeping the promise

Joseph Christmas, the former Chief of WES at UNICEF headquarters, and Carel de Rooy, Senior Project Officer, analysed challenges to the sector in 1990.

"We have estimated very roughly that the water and sanitation sector would need US$36 billion a year to meet global targets for the year 2000," said Carel de Rooy. "However, if one were to allocate roughly one third of that (US$11 billion) to low-cost technologies for the unserved — people living in peri-urban and rural areas — we could achieve 80 per cent coverage."

Mr. de Rooy said that the approach to water and sanitation in the 1990s needs to be much more realistic than it was in the 1980s.

"Our goals should be ambitious," he said, "but they should be down to earth. We don't need plans. We need a framework for planning, and we need something exceedingly flexible."

The first step, he felt, should be for developing countries to examine policies for ways of increasing their own resource base.

"Once the policies are sorted out and approved in terms of tariffs and equitable mechanisms for cost recovery, etc., you will probably find a much more attractive framework for bilateral loans and grants and for raising money locally.

"The next question is how to make optimal use of those resources for the benefit of the unserved population. Once you have done that you will know the number of people you will be able to reach. This goal can then be broken down into annual targets and monitored. Monitoring then becomes a management tool by which one can assess progress.

"After two years one can ask, 'Did I raise the tariffs enough? Did I use the money properly?' You can adjust the process as you go along. A few countries, Honduras is one, are beginning to look at the future in this way."

Goals under challenge

According to Mr. Ghosh, the United Nations Development Programme (UNDP), the World Health Organization (WHO) and the World Bank all believe the year 2000 water and sanitation goals are beyond reach and that services should continue to be weighted in favour of urban areas, to meet a continuing exodus from the countryside. Yet he pointed out that people often move from rural to urban areas exactly because rural services are inadequate.

Mr. Ghosh remained hopeful that it would be possible to hold the other agency partners to a goals-oriented approach when the UN Water and Sanitation Collaborative Council meets in Rabat (Morocco) in September.

"It is not a question of 100 per cent achievement but of building nations' capacity to install systems and maintain them," he said.

"Water and sanitation is the fundamental development input which improves the quality of life significantly, and it is the only intervention in which costs are coming down.

"If all the major players took this decade as seriously as they did the last, then we could be assured of major achievements — possibly not univeral coverage, but a major improvement in the primary environment of people."

Ian Steele is a consultant writer and editor for UNICEF New York.

Counting the costs

The cost of water and sanitation policies favouring the well-to-do has been staggering in terms of mortality, ill health and lost productivity: Globally, 5,000 children die each day in poor communities from diarrhoeal diseases alone.

During Peru's cholera epidemic in 1991, mortality was contained by local knowledge and use of oral rehydration therapy (ORT).

According to the World Bank, economic losses during the first 10 weeks of the epidemic from reduced agricultural output and tourism, however, were estimated at US$1 billion—more than three times the total national input to water supply and sanitation services during the 1980s.

A flower is born but mothers die in Bangladesh

By Nasrin Yasmin

Literacy, income-generation and basic health care projects for women can help lower maternal mortality and improve child survival.

The placenta has a very beautiful name in Bengali: *ful*, which means flower. In Bangladesh there is a story that says children are born from these beautiful flowers inside a woman's body. It is a romantic tale, contrasting sharply with reality.

The maternal mortality rate of this land is over 100 times the level of industrialized countries, eight times higher than neighbouring Sri Lanka, substantially higher than India and Pakistan.

Fifty years ago the maternal mortality rate was so appalling that it was a tradition for an expectant woman to beg forgiveness for her sins and misdeeds from her kith and kin, as she might not live through her confinement.

The picture is less grim today. But subdued by malnutrition, poverty and illiteracy, many Bangladeshi women continue to die or are crippled at childbirth — suffering prolapsed uteruses, severe vaginal infections, perineal tears.

Birth pains

Life dawns here in the midst of mud, blood and flies. A mother gives birth for the most part on the mud floor of her home or upon a jute rag. She is helped by an elderly female relative or, if she is a bit privileged, by a traditional birth attendant. The umbilical cord is cut with chiselled bamboo sticks or a *botis*, a curved kitchen knife.

In such conditions, neonatal tetanus claims the lives of a substantial number of infants, and postpartum sepsis kills a few women, but leaves the vast majority crippled with diseases and difficulties that make them unacceptable to their husbands.

"I know that hygienic practice at birth, two shots of tetanus toxoid, a little ante- and postnatal care can prevent so much agony," remarks Roushon Ara, a traditional birth attendant (TBA). She has been trained through the UNICEF-assisted TBA training programme under way. By 1995, 68,000 TBAs will have been trained in basic knowledge of safe delivery methods, ante- and postnatal care and basic health education that can improve women's lives.

A bright and receptive woman in her mid-40s, Ara has been a birth attendant for approximately 20 years. She knows many tales of birth and death. "Women of my time were married off much younger than today, most of them before puberty, and so was I. Most of them conceived after their first or second menstrual period, and so did I," she says.

Over time matters have improved, Ara adds, noting that women considered at high risk during pregnancy can now be referred to hospitals.

Halima's story

Ara introduces Halima, a young married woman who was screened by the local family planning worker and deemed at high risk. Although her husband's family was relatively well off, they refused to send her to a hospital.

Halima's father sold the tin roof of his house to pay for the caesarian section she needed. The child died at birth.

"I do not want to get pregnant anymore, I don't want to die," says Halima, an ardent user of contraceptives. Halima was not abandoned by her husband because of her youth and beauty, but she declares, "I do not care if my husband takes a second wife. If they drive me out, I'll go to the city to work as a maid." Urban life for a young destitute woman, however, is not promising.

Fulbanu's story

Never could any pair of eyes be more desolate, more bleak, than hers. Fulbanu, a woman in her early thirties, has a prolapsed uterus.

"It was a long time ago," says Fulbanu, breaking her silence finally. "That was such a happy time. My husband loved me. I had given birth to a lovely boy. My in-laws were exhilarated with my newborn. It was nearly two weeks after my delivery and I was helping my mother-in-law in the kitchen. She told me to lift a heavy pail onto the clay stove. Just as I lifted it, a surge of pain cut across the lower part of my body. I felt something coming out. It was like giving birth again. I let go of the pail and sat down."

Afterwards came constant pain, chronic infection, isolation. Her husband, who has married again, is a "kind man," Fulbanu says, and acknowledging her as the mother of his only son, he hasn't abandoned her. Fulbanu thus survives under the aegis of her 10-year-old son.

The power of speech

"Such a common phenomenon," says Ara, referring to Fulbanu's problem, a prolapsed uterus. "Yet these are not to be discussed."

Much remains unsaid about the lives of women. The lack of simple gynaecological care, of ante- and postnatal care, overlapping births, unsafe delivery and unhygienic practices during menstruation all affect women's reproductive health, strip her of her dignity, disrupt her conjugal life and shatter her future. And yet women of this land are the *obolay*: this romantic Bengali expression describing women literally means 'the speechless'.

In Bangladesh, 74 per cent of families do not have access to hygienic sanitary latrines. As a result, most defecate in the open fields and by the banks of rivers. For women of reproductive age, this is extremely difficult, particularly during menstruation and at childbirth. Soon after puberty every other woman — almost as high as seven out of ten — suffers from vaginal discharge or irritation (leucorrhoea).

A revolution in reproductive health care is urgently needed. And women need to be empowered, through functional literacy, income generation and basic health care. Only then can they cope with the extra burden that childbirth imposes on them, already burdened as they often are by poverty and malnourishment. Only then will the children of Bangladesh be able to survive, develop and strive for a better future.

Nasrin Yasmin is a Project Assistant, UNICEF Dhaka.

Lessening children's trauma in wars

***Children in War, A Guide to the Provision of Services*, by E.M. Ressler, J.M. Tortorici, A. Marcelino. UNICEF, New York, 1993.**

This newly published book offers concrete advice on programme strategies and resources available to help meet the special needs of children who suffer the many effects of armed conflict.

The following are two excerpts that highlight the value of the human resources that can be supported and reinforced in dealing with children's wartime traumas.

Family support

"In virtually all cultures, the family remains the principal protector of and provider for children. Familial factors that influence psychosocial response to traumatic events include intactness, nurturing support and subsistence sufficiency.

"The *intactness* of a family — whether the family unit is complete, a member is missing or a child is separated from the family — is a critical factor in children's psychosocial response to stressful experiences. An intact family provides the best defence for children. A missing family member — whether that person is away as a combatant, prisoner, missing person or labourer — can deeply affect a child's psychosocial well-being. Anna Freud and Dorothy Burlingham's summary observation remains central:

> 'The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group (Freud and Burlingham, *War and Children*, New York: Medical War Books, 1943, p. 67).'"

Mutual aid groups

"Experience repeatedly demonstrates that the formation of mutual aid groups helps enhance psychosocial well-being. Such groups may include women's and men's associations for the families of missing persons, groups of families having children with similar psychosocial difficulties, associations of Holocaust survivors, groups of refugees and groups of parents of children who have been tortured, to name a few examples. Mutual aid groups for children themselves are sometimes beneficial.

"Caution is required in the formation of groups, however, for in some conflict situations participation in a group can create security risks or carry a social stigma.

"In Argentina, mental health workers helping children of missing parents believed it was not to the children's benefit to organize a group because of likely social ostracization (Kordon et al., *Psychological Effects of Political Repression*, Buenos Aires, 1988). Formation of special groups for children can be positive but must not undermine efforts of the family or others."

How NPAs in Africa and Asia address the water challenge

Water and sanitation initiatives pose perhaps the greatest challenges to the successful implementation of national programmes of action (NPAs) in Africa and Asia.

One reason is their expense. A study by the Organization of African Unity (OAU) and UNICEF entitled, *Africa's Children, Africa's Future*, estimated the annual cost of funding water and sanitation projects in Africa at US$4.6 billion, which is about 36 per cent of all the continent's annual development needs. In Asia, Pakistan has estimated its water and sanitation expenses at US$570 million each year *(see tables)*.

The vast numbers of people to be served present another challenge. For example, the Central African Republic provides safe water to only 18 per cent of its population so far; only 6 per cent of people in Nepal have sanitation facilities.

The challenges associated with this sector have prompted about 40 per cent of the countries in Africa and Asia preparing NPAs to revise the goal of universal access to drinking water by the year 2000, and over 50 per cent have lowered their targets relating to universal access to sanitary methods of excreta disposal *(see tables)*. Nevertheless, the sector remains a major priority with countries like Bhutan, Malaysia, Nepal, Sri Lanka and Viet Nam allocating 30 per cent or more of NPA resources to water and sanitation.

A review of the water and sanitation components of NPAs prepared by 18 countries in Africa and 14 in Asia reveals problems as well as strengths in the ways countries are struggling to meet the water and sanitation goal and improve the lives of their people.

ASIA: Water and sanitation profile

Country	Estimated resources needed (Annually in millions of US dollars)	Water			Sanitation		
		1980 coverage (%)	Current coverage (%)	NPA/year 2000 target	1980 coverage (%)	Current coverage (%)	NPA/year 2000 target
Bangladesh	25	38	80	100	3	20	35*
Bhutan	—	8	34	—	—	13	—
China	—	—	79	—	—	—	—
India	—	42	85	100	6	16	—
Indonesia	—	24	57	60*	24	38	60*
Lao PDR	9	—	35	80	—	11	60
Maldives	—	5	49	100	15	24	100
Nepal	53	14	37	77	2	6	31
Pakistan	570	25	56	100(U)/70(R)	—	24	100(U)/50(R)
Philippines	—	—	80	100	—	71	100
Rep. of Korea	—	66	100	100	—	100	100
Sri Lanka	40	33	71	100	69	60	100
Thailand	—	63	95	100	46	90	100
Viet Nam	28	42	42	80	62	62	50
				* Mid-decade target R - Rural U - Urban			* Mid-decade target R - Rural U - Urban

AFRICA: Water and sanitation profile

Country	Estimated resources needed (Annually in millions of US dollars)	Water			Sanitation		
		1980 coverage (%)	Current coverage (%)	NPA/year 2000 target	1980 coverage (%)	Current coverage (%)	NPA/year 2000 target
Benin	—	20	54	70	24	—	—
Botswana	—	—	—	95	—	—	70
Burkina Faso	—	—	69	90	—	—	—
Burundi	32	24	49	100	—	19	—
Central African Republic	—	—	18	—	—	45	—
Chad	13	—	26	75	—	—	—
Djibouti	—	—	84	100	—	55	100
Egypt	—	75	89	—	—	—	—
Equatorial Guinea	8	—	35	100	—	42	100
Ghana	—	47	61	—	27	51	—
Guinea	53	17	60	100	13	13	40(R)/80(U)
Kenya	129	26	49	—	30	42	—
Malawi	83	41	56	—	83	—	—
Mauritius	—	99	95	—	94	—	—
Namibia	—	—	64*	100	—	32*	100
Nigeria	316	—	63	100	—	65	100
Rwanda	16	54	64	80	51	57	70
Senegal	—	42	48	100	33	—	100
Sudan	663*	—	48	100	—	26	90
Swaziland	1	43	60	80	—	43	80
Tanzania	—	39	56	—	—	—	—
Tunisia	99	35	92	100	—	95	100
Uganda	—	35	21	75	—	32	75
Zambia	—	42	59	100	—	—	100
Zimbabwe	—	33	74	100	4	21	50 (R)
	* To year 2000		* 1985 figure			* 1985 figure	R - Rural U - Urban

Lowering costs, raising new funds

Besides proposing more realistic targets for the decade, many countries are taking innovative measures to raise funds and meet costs.

Zimbabwe has proposed that the central Government lend money for water and sanitation projects to local authorities, which would in turn provide tax incentives for private initiatives in the sector. Uganda plans to privatize some state enterprises to raise capital for its projects, and Ghana will expand the role of both the formal and informal private sector in its water and sanitation initiatives. Guinea is seeking ways to recover costs from its installation of urban water supply systems.

Other countries are also rethinking their approaches to the traditional technologies employed in the sector, opting for less expensive approaches. Bangladesh has a sanitation strategy based on 'do-it-yourself' pit and water seal latrines and is involving teachers, religious leaders and non-governmental organizations (NGOs) in the process of persuading people to construct and use them. Maldives is promoting rainwater harvesting on public and private rooftops. And Pakistan has proposed piped water for larger villages, and handpumps for smaller ones.

Dismantling the bureaucracy

Turning away from the earlier 'hardware-driven' approach, African and Asian NPAs place strong emphasis on community participation and social mobilization. An examination of those NPAs reveals the following reasons for the new emphasis:

- A realization that governments have to make the most of investments in the sector by analysing demand more thoroughly and identifying gaps between the provision of services and their use.
- The need to de-bureaucratize the sector by making the people owners of the programme and not just its recipients.
- The understanding that improved sanitation facilities require changes in attitudes, knowledge and the practices of individuals and households.
- The fact that communities have resources to contribute to the process.

The danger exists, however, that community participation could be used as an excuse by authorities to dilute commitment and abdicate responsibility to rural water supply and sanitation projects — and only experience can show whether or not this actually happens. It is clearly not the case, however, in the NPAs of Bangladesh, Ghana, Malawi, Nepal, Uganda and Zimbabwe, which indicate that community participation, integrated as a part of the process, needs to be combined with the appropriate hardware, technology and resources.

Operation and maintenance

Another critical issue, as experience has shown time and again in the field, are problems in operating and maintaining facilities often built with expensive technologies. Many countries reveal an awareness of such problems in their NPAs.

A number of Asian countries have already moved beyond the infrastructure-creation phase and are now beginning to deal with the problems and costs of operation and maintenance, debating merits of such ideas as user fees.

African countries, on the other hand, because of their low coverage in the sector, still have a golden opportunity to incorporate operation and maintenance into their plans from inception.

Also, in light of past experience as well as cost-consciousness, most countries make explicit their preference for low-cost technologies, especially handpumps for rural water supply, in their NPAs. Countries which have stated a marked preference for such strategies include **Bangladesh, Bhutan, Ghana, India, Indonesia, Kenya,** Malawi, Maldives, Nepal, Nigeria, Pakistan, the Sudan, Uganda, Viet Nam and Zimbabwe.

The private sector and NGOs

Many African and Asian countries have included strategies in their NPAs for involving the private sector in specific tasks, including encouraging the sector to become involved in marketing sanitary hardware. Some countries are considering investment incentives for private sector involvement. NGOs also figure prominently in the plans as either direct providers of water and sanitation services or as catalysts for collective action. By placing many of their programmes in disadvantaged areas, NGOs also provide governments with data to enable them to better target critical needs.

UNICEF 1992/Pirozzi

Girls in Sierra Leone at a community pump. Countries are showing a marked preference for such low-cost water and sanitation technologies in their NPAs.

Improving monitoring and coordination

Given the challenges in water and sanitation, it is not surprising to find significant areas of NPAs which could be improved. One such area is that dealing with the collection and processing of relevant data and information, called 'management information services'. One of the most important improvements would be to ensure that people receiving services participate in a significant way. This could take the form, for example, of citizens' reports, prepared in cooperation with NGOs, to supplement official and formal evaluations of projects. Ghana and Malawi have stated their desire to revamp information management to give a central role to the community; Sri Lanka and Zimbabwe have proposed the use of information technology to improve data collection.

Other areas which need improvement in the NPAs studied are intersectoral coordination and action; better targeting of sector needs and creating the capacity within countries to deal with water and sanitation facilities in the future.

This article is based on a research report by R. Gopalakrishnan on the water and sanitation sectors of NPAs in Africa and Asia.

Conference takes play seriously

By John Shaw

Article 31 of the Convention on the Rights of the Child:

1. *States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.*
2. *States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.*

War, murder and prison camps may seem unlikely subjects at a conference called the 'Play Summit'.

However, they were on the agenda of this conference, organized by the International Association for the Child's Right to Play and the International Toy Libraries Association. The conference brought together about 400 delegates from 25 countries in Melbourne (Australia), early this year.

Among them was Natalia Pais, a child-development psychologist involved in Portugal's Play in Peace project. Since 1991, she and a number of volunteers have cared for about 400 refugees from Bosnia, 280 of them children, some of them war orphans.

"In war," Pais said, "children don't play. They hear guns and see people being hurt or killed. They try to keep out of the way, but what they have seen settles into them as water settles into sand."

Pais, a mother and a grandmother, sees article 31 of the Convention on the Rights of the Child as "a real way to care for children who have lost their childhood to war." At the Play in Peace project, constructive games counter memories of destruction, and toys and play are "helping give some tranquillity, both inner and outer." Some children who saw their homes destroyed have created a cardboard model of their village, with brightly painted houses, trees and pet animals.

There are no toy guns in the village. As Pais told delegates, "In play, war is not a game, a gun is not a toy, a human is not a target, killing is not a victory. And play which pretends any of this violates children's rights."

Anwarul Chowdhury of UNICEF told delegates in his keynote speech, "The reality is that the concept of childhood as a time for play and school does not exist for a majority of the world's children. In developing countries, an infant graduates around the age of four or five years into miniature adulthood. Older children are often exploited in grinding industrial or agricultural labour."

He also pointed out that, while in many countries children "lack the most elementary necessities", in others "children from the earliest age are being inserted into societies based on consumerism, possession and even waste."

He emphasized that children had a right to "free play," outside the competitive world of schools, sports and recreation programmes created by adults for them, where they could "participate and interact with one another in developing human values and fellow-feeling."

In a similar vein, Australian psychologist, Ms. Vickii Jenvey, told the conference, "By implementing article 31, we can ensure children's right to take part in the activities and experiences that epitomize childhood and develop in children a sense of their own and others' humanity."

Violent landscapes

The conference was reminded by several reports of how children's lives are scarred from all forms of violence.

In Hong Kong, grim, prison-like detention centres, with barbed wire and armed guards, hold about 45,000 Vietnamese refugees, 18,000 of them children, according to figures released at the conference. About 3,000 of these children are orphaned or separated from their parents.

In the last four years, five of the harsh camps have been made more bearable for children: Architect Joseph Kwan has designed special play areas. "They have brought some fun to these deprived children during their long and uncertain wait," said Mr. Kwan.

The playgrounds are so popular and the children are so many that use of them is rationed. Some children can play in them only an hour or so a month. Construction was funded by the Taiwan Buddhist Association, Caritas and local donors.

As well as providing recreation amid restriction, the simple ladders, slides and swings are, as Mr. Kwan put it, "public statements of how important play is for children."

A Brazilian delegate, Helena Cunha, who runs toy libraries for poor children in São Paulo, agreed entirely. She told the meeting, "Many Brazilian city children are in a desperate struggle for survival and for their childhood. Rich kids have violence on video, poor kids have the reality."

Adult violence against children who live or work on the streets of São Paulo, Rio de Janeiro and other Brazilian cities is a growing tragedy. The Melbourne conference heard that in 1989, the Brazilian press reported the murder of 457 such children. According to Cunha, the country's National Street Children Movement estimates that in 1992 the death toll had trebled to an average of four each day. The killers are alleged to be police, drug dealers and "law and order" vigilantes. "Some people think all street children are criminals, so they want to punish, jail or limit them. And some want to kill them," said Cunha.

Given the poverty and violence in which so many children live, Cunha asked rhetorically whether it was superficial to try to bring play to their lives. Answering her own question, she said, "These are children without nourishment of the soul. We try to give them some."

John Shaw is a journalist in Australia.

Diarrhoeal drugs

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Johnson, withdrew the paediatric drop formulation worldwide, according to a company spokesperson, and stopped sale of the paediatric syrup form in countries where they felt the product might be misused. In the US, Imodium A-D liquid, for both adults and children older than six, is the number one selling over-the-counter (OTC) diarrhoeal remedy, with a 50 per cent share of the US$170 million market.

The three other non-prescription ingredients — kaolin-pectin, activated charcoal, attapulgite — inactivate the antibiotics, sulpha drugs and antipyretics/analgesics prescribed to combat the causative agents of some diarrhoeas, thus inhibiting cure. Even when not taken in combination with other medication, they were found to be of questionable efficacy and to mask the true extent of dehydration present.

Manufacturers respond

Dr. R. William Soller, director of science and technology at the Nonprescription Drug Manufacturers Association (NDMA), contends the petition applies to the American context recommendations predicated on developing country realities.

Fluids lost in diarrhoea must be replaced. Oral rehydration salts are given by millions of parents to prevent dehydration.

"Diarrhoea in the third world is often associated with bacterial infections," he noted, "unlike the US where it is mostly viral." In cases where diarrhoea is not of bacterial or amoebic origin, these drugs have been shown to provide safe, effective relief, according to Dr. Soller.

The FDA, mandated to regulate industry practices only as they affect US consumers, takes a similar view. "You're basically looking at two different populations," said an OTC Drug Evaluation Office source who refused to be named. "[WHO is] dealing with children whose general health status may be lower, who have malnutrition, who are in danger of dehydration," all of which might make the use of certain drugs contra-indicated. Regardless of the population, however, the fact remains that antidiarrhoeals are inappropriate and can be harmful.

WHO, CDC, UNICEF, the American Academy of Pediatrics, Harvard School of Public Health, National Research Council and others endorse oral rehydration therapy (ORT) as the paediatric treatment of choice, reducing fluid and electrolyte losses in 90-95 per cent of cases. But while diarrhoeal disease in the US lands some 220,000 children in hospital and claims 500 young lives each year, fewer than 20 per cent of the 16.5 million child sufferers receive oral rehydration salts (ORS). *(See story at right.)* In developing countries diarrhoea's annual paediatric death toll reaches 3 million. UNICEF estimates that one third of families now use ORS.

The FDA has been grappling with drug guidelines on all OTC drugs for the past 21 years, but has yet to issue definitive regulations — known as the 'Final Monograph'. An OTC review panel on antidiarrhoeals convened in 1976 published provisional rulings only in 1986. Meanwhile, the absence of regulations has given manufacturers virtually free rein, permitting the sale of products that, according to the FDA, "available data are insufficient to classify as safe and effective, and further testing is required."

The FDA has 180 days to respond to Public Citizen, although the 6 July deadline is likely to pass with only written assurances that a review is in progress. But more importantly, the evidence submitted in the petition will be considered in determining the 'Final Monograph', due to make its long-awaited appearance by year's end.

With regulations threatening, the nonprescription drug industry is engaged in efforts to secure its market. Manufacturers of attapulgite preparations recently announced voluntary labelling changes, adding warnings against use in infants, when blood or mucus is present, or in conjunction with prescription medicines, as well as the recommendation to "drink plenty of clear fluids to help prevent dehydration."

The local battle, however, obscures the dimensions of a larger war, whose lines of combat are drawn across the fates of young children. WHO estimates annual worldwide expenditure on antidiarrhoeals to exceed US$1 billion. Some developing countries have already seized the lead in outlawing drugs that— among their populations, at least — are potentially harmful, probably useless and certainly wasteful of precious currency.

Jillian Aldebron is a writer and communications specialist based in Washington, D.C.

Oral rehydration: A solution for US?

A pioneering project at the Johns Hopkins Hospital (Baltimore, Maryland, USA) is making oral rehydration salts (ORS) available to children with diarrhoea in this American community and educating health care professionals and parents about this low-tech solution to diarrhoeal dehydration. According to Scott Katz, R.N., the paediatric nurse who coordinated the project for two years, the effort is helping change the treatment regimen for diarrhoea, as well as defining barriers to successful use of oral rehydration therapy (ORT).

One such obstacle, he noted, is that many families see physicians as caretakers, so they step back and wait for the physician to 'cure' their sick child with a highly technical procedure such as intravenous fluid replacement.

Seeing their child suffer with vomiting and diarrhoea can also make parents feel a lack of control and eager for a dramatic solution such as intravenous fluid replacement.

Education about the nature of diarrhoea and dehydration is crucial, Katz emphasized. Most parents, he stressed, prefer ORT, the least invasive and stressful treatment, once they understand how dehydration can be treated. An important constraint to ORT's widespread use, Katz contends, is the reluctance of US health insurers to reimburse physicians for monitoring seriously dehydrated children who are receiving ORT.

While giving intravenous fluid is considered a skilled procedure and therefore reimbursable, monitoring during ORT is not.

Doctor who sounded warning on diarrhoeal drugs honoured

Professor Tariq Iqbal Bhutta brought world attention in 1990 to the fact that infants were dying from bowel paralysis caused by paediatric preparations of the antidiarrhoeal Imodium (loperamide). As a result of his campaign, Janssen, the manufacturer, withdrew those preparations worldwide and many countries restricted the use of antidiarrhoeals.

Professor Bhutta, who has campaigned in Pakistan against inappropriate promotion and prescription of paediatric medicines, recently received the Olle Hansson Award in recognition of his outstanding work. The award is presented annually in memory of Dr. Hansson, a leading Swedish paediatric neurologist who led a campaign for the withdrawal of Entero-Vioform (clioquinol), which was marketed by Ciba Geigy for gastro-intestinal upsets. He also led a long battle for compensation for the many people injured by the drug.

Haitian youth and AIDS

continued from page 5

answers. Just as important, the television programme helped teenagers, who are struggling with their emergent identities and sexuality and now the spectre of fatal disease, realize that they are not alone and that an entire generation shares these problems.

Lessons for parents and teachers

In the last broadcast discussion, the teenagers broached what was to them the most sensitive topic of all — their parents.

"I think sex education should start in the family," said Roseflor, a high-school senior. "For example," she continued, "when you have your first menstruation, parents should sit down with you and tell you what happened, how you should behave from now on, and most important what can happen if you have sexual contact with a man — that you can catch AIDS."

The others agreed; they held teachers accountable, too. "There should also be an effort in schools, because kids spend three quarters of their time in schools," said Roseflor. "So it's the role of the teacher not only to give academic lessons but also to talk about other things, too. AIDS is worldwide news!"

An expansion of the "Alerte SIDA!" pilot project is now on the drawing board, with the goal of reaching adolescents in other urban centres and rural areas. While the precise format and components have not yet been determined, the youths have some definite ideas.

"This time," says Blondine, a participant in several of the televised discussions, "I think parents should be up there talking together with kids."

Jillian Aldebron is a writer and communications specialist based in Washington, D.C.

HEALTH NOTES

Tuberculosis emergency declared

The World Health Organization declared tuberculosis (TB) a global emergency recently, warning that the disease will claim over 30 million lives in the next decade unless immediate action is taken to curb its spread. Its resurgence is linked to the neglect of TB prevention and treatment programmes in many parts of the world in the past 20 years. The human immunodeficiency virus (HIV) that leads to AIDS is another major factor in its spread, with those infected with HIV at greater risk of developing a potentially fatal case of TB. In the 1990s, an extra 7 million cases of tuberculosis are predicted because of dual HIV/TB infection.

Although TB is curable, medication must be taken without interruption for six to eight months, and drug-resistant strains of the bacteria that cause TB are developing because patients are not completing the treatment.

Ratification "avalanche" expected to meet Convention goal

The goal to universally ratify the Convention on the Rights of the Child by 1995 is rapidly gaining ground, according to Richard Reid, Director of the Division of Public Affairs at UNICEF, "assuming a wonderful avalanche quality that will really carry all before it, making a lot of noise and catching public attention."

The attention, he feels, is sorely needed. "Right now, the rights of protection that should benefit and shelter all children are more at risk and more under attack than at any time in recent memory. This is the key reason for wanting ratification to become universal as quickly as possible."

At the time of going to press in late June, 48 countries in both the industrialized and developing world — including the US, Japan and Malaysia — had yet to ratify the Convention. Its 141 ratifications by 24 June make it the most widely ratified of all human rights treaties.

Universal ratification received two important boosts recently. The UNICEF Executive Board in early May issued a resolution endorsing universal ratification of the Convention by 1995 and called upon States to implement it. And the World Conference on Human Rights in Vienna in mid-June is expected to give the entire spectrum of human rights a higher profile in the world's media and consciousness. The publicity children's rights and the Convention are bound to receive around the world will be an "additional incentive" for universal ratification, according to Reid. For those countries that have already ratified, implementation of the Convention will become the issue.

Universal ratification seems well in sight — on average three to four countries a month have ratified the Convention since the goal was set this year on 24 March. Much of the momentum can be maintained by presenting the case for ratification simply and clearly, bearing in mind countries' concerns, Reid says.

"We hope, through workshops and discussion with countries that have yet to ratify, through more information sharing among UNICEF staff and through consultations with government bodies, to defuse and settle in advance any concerns the countries may have," he explained.

UNICEF/1993/Sprague

"Right now, the rights of protection that should benefit all children are more at risk than at any time in recent memory," said Richard Reid, speaking on universal ratification of the Convention.

Those concerns obviously vary, from what Reid called the "characteristic reluctance" of a country like the US to attach itself to international treaties, to a cautious approach shared by several countries with Islamic law codes.

Turmoil and civil strife make ratification difficult for a sizeable number of the 48, while the time-consuming national review and ratification process in several is yet another explanation. In addition, a number of countries that have ratified the Convention nationally have delayed taking the very last step of the process — the deposit of the instruments of ratification with their mission to the UN in New York. Until this formality is completed, ratification isn't complete.

I am not Pakistan, I am a child: The paradox of intercultural education

By Donata Lodi

Atif, an eight-year-old boy from Pakistan, is a third-level primary school student in a town in central Italy. The child is popular, and his teachers say that, apart from some difficulties with the Italian language, his work is good.

Atif's teachers decided to build a multicultural education programme focusing on Atif as a 'resource person'. For one week, the class discussed the traditions, culture and religions of Pakistan and learned the country's games and recipes.

At first, Atif appeared happy to talk about his home country. After a few days, however, he grew silent, resisting the teachers' pressure to talk. Finally, he cried, "I'm not Pakistan. I'm a child and I live in Italy just like you."

How to combat 'new racism'

A teacher related Atif's story at an Education for Development meeting organized by the Italian National Committee for UNICEF, held in Bari in Southern Italy. The first in a series of six national meetings on children's rights, it focused on combating the 'new racism' and intolerance sweeping Europe and enhancing intercultural education.

The story was revealing, in the words of the teacher, "not only for the specific mistake we made, but also for the complexity and the paradox of the educational dilemma facing us when children from developing countries join our school."

During the meeting many questions were raised and very few answers found. But, as Professor Reno Sacquegna, President of the Apulia UNICEF subcommittee hosting the meeting, said, "A good teacher is one who never stops asking questions. And if we want to face the old and new racism in our country and in Europe, we need to start with self-analysis and consciousness-raising.

"The road to hell is paved with good will and good intentions. What we need now is careful study, knowledge and awareness of the mechanisms that produce stereotypes, bias, prejudices and finally racism in our everyday life and actions."

Professor Laura Balbo, a sociologist from Ferrara University and a member of the Associazione Italia Razzismo, a group of leading scholars, parliamentarians and writers created to study and oppose racism, said that no one admits to being a racist.

But she said, "Problems and conflicts will arise every now and then, when our society is confronted with an economic crisis, or with a different and sometimes contrasting culture. We have to face the problems and build and teach a culture where 'mediation' and 'discussion' are the key words, [rather than] 'solution' of conflicts."

The teachers reconsidered the 'Atif paradox': Should schools fight to preserve cultural values and promote knowledge of different cultures at the risk of creating a problem where one did not exist, by overstressing cultural differences, or ignoring a child's own wish to be part of the society he is living in? Or should a child from another culture be treated as any other, at the risk of ignoring the need to preserve cultural differences and values?

The forum is open for debate, and the growing movement for intercultural education in Italian schools will trace various paths and strategies, with the anti-racist movements playing an active role.

One thing is clear, according to the final report of the working groups: "We have to build tools not for a utopian society, but for our present society. We have to learn and teach how we, common people, can live together, without pretending to be exceptional, but trying to build a new social contract."

Donata Lodi is the Information Officer for the Italian Committee for UNICEF.

Immunization becomes US priority

Ten years ago in the US, fully immunizing a child cost about US$23. Today it costs more than US$200. In a public clinic, the cost has leapt from US$7 to more than US$90. On 12 February 1993, speaking to parents and officials at a community health centre in Virginia, US President Bill Clinton called for the immediate enactment of the Comprehensive Childhood Immunization Act of 1993. Below are excerpts from his speech:

«The United States has the third worst immunization record in this hemisphere. Only Bolivia and Haiti have lower immunization rates for their children than the United States of America.

«The pharmaceutical industry is spending $1 billion more each year on advertising and lobbying than it does on developing new and better drugs. Compared to other countries, our prices are shocking. The polio vaccine in the United States costs close to $10. In England, the same drug is available for $1.80. In Belgium it costs 77 cents. The problems of having an adequate delivery system plus the spiralling costs are putting America's children and America's future in jeopardy. Today we must tell the drug companies to change those priorities. We cannot have profits at the expense of our children.

«Our nation is the only industrialized nation in the entire world that does not guarantee childhood vaccinations for all our children. It ought to be like clean water and clean air. It ought to be a part of the fabric of our life.

«We'll make sure that excessive profits do not stand in the way of children's health. We will not stop until preventable children's diseases no longer threaten the families, the children, the future of the United States.»

NOTE: The US President also announced that as part of his job stimulus programme, US$300 million has been designated to make vaccination services more widely available to all Americans. These funds will help public programmes buy more vaccines and will improve community service and personal outreach efforts.

NEWS BRIEFS

SCHOLARSHIPS FOR STUDENTS IN LESOTHO: An education fund to be launched in January by the Lesotho Council of Non-governmental Organizations will enable children whose parents cannot afford school fees to continue with their secondary school education. According to Caleb Sello, Executive Director of the fund, at least 500 students who finished their primary education last year were unable to go on to secondary school due to lack of funds. Many families have been hard hit by the ongoing repatriation of more than 100,000 Basotho miners from neighbouring South Africa. Among the organizations meeting to decide on how to establish the US$300,000 fund are World Vision International, the Unitarian Service Committee of Canada and the Christian Council of Lesotho.

KIDS ON AIR: 'We Are on the Radio', a new booklet and companion cassette, introduces adults to the basic skills they will need to help children produce their own radio broadcasts. A publication of Child-to-Child Trust, the book describes methods of creating stories, plays and songs for the radio, ways to conduct effective interviews, and offers examples and advice from radio producers, teachers and children. Examples and comments of people who have worked on radio programmes made by children for other children in India, Nepal, Romania, Uganda and the United Kingdom are given. 'We Are on the Radio' is available for £3.50 plus packaging and postage from Teaching-aids At Low Cost (TALC), Box 49, St. Albans, Herts, AL1 4AX, United Kingdom. Telephone: 0727- 53869; fax: 0727- 46852.

HELP FOR CHILDREN IN ISLAMIC STATES: The protection of children in the Islamic world was made a priority at the twenty-first Islamic Conference of Foreign Ministers held in Karachi (Pakistan) in April. Noting that millions of children in Islamic States die of preventable diseases and malnutrition while millions more are affected by emergencies caused by famine, drought and armed conflict, a conference resolution urged Member States that have not ratified the Convention on the Rights of the Child to do so no later than 1995 and asked States that have ratified to bring their constitutions, laws and practices into conformity with its provisions. The resolution also called for symposiums on child care and child rights and a discussion on the establishment of an International Islamic Women's Organization. In addition, it felt a symposium should be convened on the role of women in social development.

EVENTS AND MEETINGS

July: **5-6**, 2nd International Colloquium of Mayors, in Mexico City (Contact: Mexico City Mayor's Office); **11**, World Population Day, global (Contact: UNDP); **25-27**, 'Breastfeeding: A Global Priority', seminar for physicians, Hilton Head, SC, USA (Contact: American Academy of Pediatrics/La Leche League International); **20-4 August**, Travelling summer camp in Africa for children aged 7 to 13. Children from all parts of the world may apply but vacancies are limited (Contact: Association Burkinabè pour la Survie de l'Enfance (ABSE/CIVT), 02 BP 5262, Ougadougou 02, Burkina Faso, tel: 226-30-6666; fax: 226-30-7764 or 31-1845).

August: **1-7**, World Breastfeeding Week: 'Towards a Mother-Friendly Work Place', global (Contact: World Alliance for Breastfeeding Action (WABA), Penang, Malaysia, tel: 60-4-884-816; fax: 60-4-872-655); **13-31**, International Children's Drawing Competition Exhibit at the UN, New York (Contact: UNICEF Greeting Card Operations); **29-4 September**, World Conference on Religion and Peace: 'Keeping the Promise', a regional meeting of religious leaders on the State of Children in Asia and the Pacific and in support of UNICEF, in Melbourne, Australia (Contact: Rev. John Baldock, tel: (613)412 6213 or 509 7184; fax: (613)412 6205); **31-3 September**, International Forum for Child Welfare (IFCW) World Forum 1993: 'In Partnership: Working Together for Children', in Cambridge, UK (Contact: NCH Event and Conference Services, tel: (441)226-2033; fax: (441)226-2537).

September: **8**, International Literacy Day, global (Contact: UNESCO); **18**, Benefit Concert for the 'Children of Europe', at Hippodrome de Vincennes, in Paris (Contact: the French Committee for UNICEF, fax: (33-1)40500997); **27-30**, International Conference: 'Today's Child: Tomorrow's World', in Atlanta, GA, USA (Contact: US National Association of Children's Hospitals and Related Institutions, fax: (702) 684-1589).

October: **16**, World Food Day, global (Contact: FAO); **17**, International Day for the Eradication of Poverty, global (Contact: United Nations); **27-29**, Partners for Independence: Models that Work, Atlanta, GA, USA (Contact: US Council for International Rehabilitation, fax: (202) 232-0016).

Please let ***First Call for Children*** know about your events and meetings by sending notices four months prior to the event to Yvonne Lester, ***First Call for Children***, 3 UN Plaza, New York, NY 10017, USA or fax: (212) 326-7768.

Video/film resources on water:

• ***The Spirit of Tsandi*** focuses on the integrated area-based programme in northern Namibia, which has a strong water component. 20 minutes. Video, 1993. Available through UNICEF Namibia, Sanlam Center, 1st Floor, P.O. Box 1706-Windhoek, Namibia. Telephone: (061) 229220; fax: (061) 224413.

• ***The Good News Is Water*** describes the planning and implementation of the Imo State Rural Drinking Water Supply and Sanitation Project in Nigeria. 31 minutes. In English and French — #190, film and video tape, 1985. Available through UNICEF headquarters, Division of Information, Chief, Radio/TV/Film Section, UNICEF House, 3 United Nations Plaza, New York, NY 10017, USA, or fax: (212) 326-7768. (When ordering, please include title, number, language, version, format and colour standard.)

Meeting boosts women's and children's issues in Panama

By Bernt Aasen

A groundbreaking meeting late last year in Panama has helped make the problems confronting women and children there more central and visible. Poverty is the central problem, with nearly half the population impoverished and 73 per cent of all poor households headed by women.

Convened by the UNICEF Panama office, with support from the United Nations Development Fund for Women, the meeting drew more than 50 leaders and representatives of groups working with and for women. It successfully helped showcase work being done on behalf of women and children, and also provided a framework for women to build alliances and coordinate action.

In the understanding that making concrete and public the concerns and problems affecting women is one step towards finding solutions, the meeting took an immediate action to draft and sign the 'Taboga Declaration'. The document denounced the violence Panamanian women endure, commended the selection of Rigoberta Menchu from Guatemala for the Nobel Peace Prize and called upon national authorities to prohibit the passage of ships carrying radioactive and high-risk material through the Panama Canal.

The Taboga Declaration was reported in the media and delivered to the President of the Legislative Assembly on 25 November, the 'Day of Denunciation of Violence Against Women'. The meeting also expressed support for a draft law establishing an Office for Special Attention to Victims of Domestic Violence, which was submitted to the Legislative Assembly for consideration.

Bernt Aasen is the UNICEF Resident Project Officer in Panama.

BOOKS

***Harnessing the Power of Ideas*, a case study by Colin Fraser, UNICEF, New York, 1993.**

The pilot of a light aircraft flying vaccines to a remote Colombian community was running late. As night fell, he worried about how he would land without runway lights or other landing aids.

Suddenly beneath him, beams illuminated the airstrip. Local health officials had persuaded all the residents with cars to drive out to the airfield and light the way for a safe landing.

This is one of the many fascinating examples this new UNICEF publication uses to illustrate and explain the unique phenomenon that has come to be called 'social mobilization' — people joining together in cooperative action to achieve a common goal.

The book's focus is the role — now acknowledged as essential — that social mobilization played in helping the world achieve universal child immunization by 1990, with 80 per cent of the world's children immunized against six preventable diseases in a dramatically short six years. By extension, it helps show how such initiatives are vital to the whole range of development concerns. Communication, it makes crystal clear, is the key — through mass media, group media, traditional and folk media and interpersonal channels.

UNICEF Executive Director James P. Grant writes in the book's foreword, "The gaps between what is and what could be, between knowledge and need ... are closed most often by the commitment and action of large and growing numbers of people who begin to exert pressure for change."

From the historical background of the concept to examples of the messages and the media that influenced millions around the world to immunize their children, the book offers important perspectives on how social mobilization can usher in and sustain change.

How people become persuaded, like those in the Colombian community, to light the way to their own better future is the story *Harnessing the Power of Ideas* tells.

Call for papers

The Association for the Advancement of Policy, Research and Development in the Third World cordially invites and solicits proposals for research papers, panels, workshops and round tables *(see topics below)* for possible presentation and inclusion at its Conference on International Development, Children and Women: Second United Nations Decade, in Washington, D.C., 17-19 November 1994.

Deadline: 15 December 1993. Please send proposal plus a biographical statement to: Mekki Mtewa, Ph.D., Executive Director, P.O. Box 70257, Washington, D.C. 20024-0257, USA. Tel/fax: (202) 723-7010.

Round-table topics include Africa, Asia and the South Pacific, Caribbean and Latin America, Middle East and the Gulf, Europe, Canada and the United States.

Research topics: Biotechnology and agriculture — effect on women in development; Children and women in development — the missing link; Computers and automation — the role for women; Culture and human values; Economic planning and policies with women in mind; Education for women in development; Financing projects for women in development; Health and medicine for women in development; Human rights and justice of abused, displaced and marginalized women; Indigenous women whose time has come; Social development and welfare for women and children; Training women for development curricula diversities; Women in diplomacy, politics and public relations, round table; Women in the professions: scholarly freedom and responsibility; United Nations Decade for Women: problems, policies and prospect.

Film festival

Uruguay's second International Film Festival for Children, where children do most of the judging, was held on 3-11 July. More than 81 entries from countries around the world, including Argentina, Chile, Egypt, India and Iran, were received for the Festival. Last year the children on the jury showed their concern about the destruction of the environment and gave first prize to a film from Uruguay entitled *Madre Tierra* (Mother Earth).

Families: Best hope for children in Central and Eastern Europe

The cataclysmic changes in Central and Eastern Europe are as much about social attitudes and values as about economics or political systems. Nowhere are these changes better reflected than in the emerging role of families.

Discarding a system where the role of parent was subsumed by the state, families are searching for a balance between new rights and responsibilities and demanding support from democratically elected governments.

In a part of the world where they have been excluded for 50 years or more, non-governmental organizations (NGOs) now have a superb opportunity to play a major role in helping families take charge of their children's health and development and to build a new awareness of children's rights. **NGO Action for Children** ***has thus devoted a major portion of this issue to articles that reflect the complex and diverse challenges and opportunities facing the region during this difficult period.***

Families need to be strengthened and supported as large numbers of children in the region are deinstitutionalized.

"There is no child welfare without family welfare." This was one of the major and recurring themes at a recent consultation on children in Central and Eastern Europe organized by the NGO/UNICEF Coordinating Committee on Activities for Children in Eastern and Central Europe and UNICEF Geneva. Meeting in Warsaw (Poland), from 23 to 26 March, more than 60 participants from 16 countries wrestled with the complex economic and social challenges facing the region in this difficult and unique period of transition.

Entitled 'Environment and Development, First Call for Children', the consultation focused on putting the child at the centre of social policy. Throughout the three days, participants defined and discussed the 'environment' in its broadest, most holistic sense — to include the institutional and the family as well as the natural environment.

Putting the child first means facing the challenge of changing priorities and attitudes, of taking bold actions while acknowledging the harsh economic realities that have led to increased juvenile crime, worsening health care, and children with special needs falling through the ever-widening tears in the safety nets. It means addressing the pressing and interrelated issues of urban pollution, poor nutrition, children in institutions and children in families.

Nor can the solution be isolated or left to specialists, according to François Rüegg, Secretary General of the International Catholic Child Bureau. "It is diffused in the heart of daily life," said Rüegg, and involves every social partner — the individual, the family, the community, the region and the state. "We all must get down to work together at the task."

The family: Stewardship without property rights

Unlike many countries in Africa and Latin America where the tradition of family was strong, in Central and Eastern Europe the family was subsumed under the state for the past half-century. It had few rights and responsibilities and was not central to a child's development. Children who were mentally or physically handicapped were institutionalized. "Almost from birth," said a Latvian social worker, "they were placed and lived virtually all their lives in an isolated state institution — a blend of prison and home for the aged."

"Institutional care," he said, "is a good way to destroy the family and the future of the child before it has even begun."

One of the major challenges of the transition period is the new role of the family, as large-scale deinstitutionalization of children takes place. Concentrated efforts must be made to ensure the financial, psychological and educational support for parents to ease their burdens, and enable them to provide a loving and guiding atmosphere that will prevent large numbers of children from moving onto the street.

The attitude of parents towards their children, said Ellen Mouravieff-Apostol, of the International Federation of Social Workers, should be akin to that of earth's inhabitants towards the environment, "responsible and caring stewardship without property rights." Families can be a pivotal force for change, participants agreed. They can help one another to be a powerful lobbying force. Parents of disabled children and of children at risk, refugee and single parents need to organize themselves, to unite behind their issues, to pressure governments for their rights and for support. They must call on their governments to reconstruct social poli-

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Romanian children on the streets

By Marilyn Rocky

After the 1989 revolution in Romania, the most startling images transmitted to the world were those of the children in the country's orphanages. Yet what people do not know is that thousands more live in difficult circumstances with no available services. Because Romania has no organized welfare system for children, many end up on the street. "Although all the government ministries are involved with the welfare of the child," one Romanian aid worker said, "the lines of assistance are vertical. They don't interact."

Currently, estimates for the number of children on the streets of Bucharest range from 100 to 2,000. There is no official definition or legal concept of street children because the problem has never before existed in Romania and even now the country's legal system does not address it. Children with difficulties were institutionalized, and the focus of Government continues to be on institutional programmes for children. The Government, however, is increasingly concerned, and an Interministerial Commission has been created to identify and help groups working with street children. Meanwhile, services for street children are few and divided among a handful of international non-governmental organizations (NGOs), churches, various ministries and the police. Dr. Monica Paslaru of the Ministry of Health noted that there has been little information and research available on street children in Romania to help those groups that are working or want to work with them.

Street children being held in Bucharest police station following a city-wide 'sweep' to locate them and find their hiding places.

Bucharest's street children suffer many of the same problems as their counterparts worldwide. According to Dr. Paslaru, they have begun using drugs, especially glue, ether or paint solvent, to get high. Many also have common illnesses found in street children from other countries — skin diseases, flu-type illnesses, stomach ailments and malnutrition. They also earn

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How NGOs can help implement Convention

By Thelma Stackhouse

Representatives of 37 non-governmental organizations (NGOs), 11 UN agencies, UNICEF, the Committee on the Rights of the Child, and the UN Centre for Human Rights met in March at UNICEF House in New York. They discussed the common and cooperative ways that NGOs and UN agencies could work to implement the Convention on the Rights of the Child (CRC) in those countries that have thus far ratified the document and to pressure those remaining countries that have not yet ratified to do so.

Keynote speaker Thomas Hammarberg, member of the Committee on the Rights of the Child, called for a greater participation of NGOs in the reporting process by States Parties. He proposed inviting NGOs to the week-long preparatory meetings in which the Committee discusses the content of the country reports. The NGOs are the "people who work in the field, who know the situation," he said.

Hammarberg also called for a stronger coalition among NGOs to work with the Committee. "We have no possibility to deal with them all individually. They must try to speak as much as possible with one voice and coordinate their activities." One of the major tasks of such a coalition would be to help local NGOs work with the Committee. *(See page 2 for an interview with Hammarberg.)*

The consultation was designated an official meeting leading to the World Conference on Human Rights, held in Vienna this June, and prepared a statement and recommendations to the Conference. They include:

• Governments, donors, UN agencies, NGOs and the Committee on the Rights of the Child should ensure that as the Convention is implemented, children are not considered in isolation from their families, and that measures to preserve families are incorporated in their efforts.

• As the implementation of the CRC is monitored, the work of all ministries within a country should be reviewed so that children's rights are not seen only as the concern of ministries of youth, education or sports.

• Governments and NGOs should support the proposal by the Committee on the Rights of the Child that a major UN study be undertaken to improve the protection of children in armed conflict.

• A focal point should be established for the CRC within each government, UN agency and NGO to coordinate collaboration and communicate information.

• NGO committees at the UN addressing youth issues should include young people.

• Local NGO networks should be fostered, to monitor implementation of the CRC and encourage them to report their information to the Committee on the Rights of the Child.

Other recommendations address issues of gender disparity, economically exploited children and the use of child soldiers. A report of the consultation, including the full set of recommendations, will be available to NGOs and others in the near future.

For further information please contact: Working Group on the Rights of the Child, NGO Committee on UNICEF, H-6F, 3 UN Plaza, New York, NY 10017, USA.

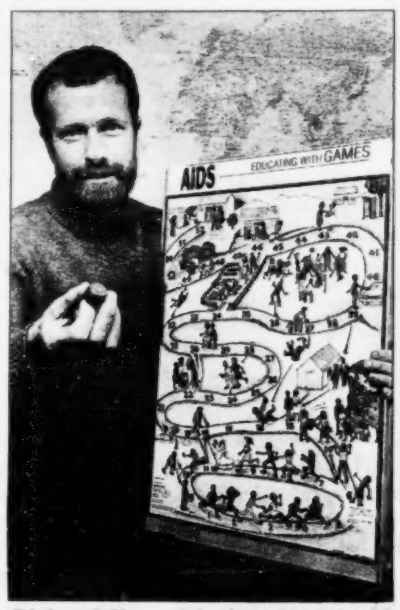
Thelma Stackhouse is Co-chair, Working Group on the Rights of the Child, NGO Committee on UNICEF.

PUBLICATIONS

Children at crisis point

How do children reach the crisis point, and what happens when they do? Is it up to society, the parents or the children themselves to handle it? *Children at Crisis Point: Stories from Asia*, compiled by Save the Children, UK, and edited by John Montagu, looks at exactly what being at crisis point means for more than 50 individual children living in Asian and Pacific countries. It shows that children are being abused, neglected and exploited — and yet, amazingly, have the courage to survive and fight back.

This 120-page illustrated paperback is available for £9.99 plus postage and packing from Paula Keaveney or Madeleine Parkyn, Save the Children, UK, 17 Grove Lane, London SE5 8RD, UK.



Richard Iley with the educational AIDS game that he invented.

Playing to win against AIDS

A new way of bringing home the problem of AIDS by means of a question-and-answer dice game is now available from TALC (Teaching Aids at Low Cost). Called '1-4-1', the game involves throwing dice to move along a numbered course.

'1-4-1' asks and answers 36 basic questions aimed at children of higher primary school age and up. For example: "Can you tell if somebody has HIV by looking at the person? "Can HIV pass through unbroken skin?" In addition, the game asks 48 questions for adults and adolescents ("Can all sexually transmitted diseases be cured?") and raises 35 more questions for discussion topics, such as what an HIV-infected person can do to stay healthy as long as possible.

Designed by Richard Iley, educational game designer, '1-4-1' is presently available in English only. French, Portuguese and Spanish editions are on the drawing board.

The cost is £2.60 surface mail and £3.20 airmail from TALC, P.O. Box 49, St. Albans, Herts, AL14AX, UK. Tel: 727 53869; fax: 727 46852.

Children at risk: A curriculum series

A new three-part curriculum series addresses three of the harshest assaults against children's rights: street children, children in armed conflict and child exploitation. Aimed at high school students or older, each curriculum is crafted to fit a variety of time periods from several minutes to two hours. The sessions are participatory and oriented towards positive action with and for children.

Produced by the Office on Global Education and sponsored by the Latin American and Caribbean Office of Church World Services, the series costs US$1.50 each, or US$3.50 for a set of three. They can be ordered from: Church World Services, P.O. Box 968, Elkhart, IN 46515, USA.

Children in Central and Eastern Europe

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cy in accord with the new needs of a market economy from a family-friendly perspective.

Mr. Z. Rondio, Director of the National Research Institute of the Mother and Child in Warsaw, stressed that parents are responsible not only for bringing up children but also for their health from the very earliest environment — the womb. Early prenatal care prevents later problems, he said, citing a study that notes a correlation between higher premature birth rates and decreased prenatal visits to the doctor, as well as continuing problems of low birth weight and infant malnutrition.

New role for government

Leaving behind a system where the state was the final authority brings the challenge of carving out a new role for government: One that is responsive and responsible to the people who select it, one that passes and enforces laws supporting families and children, and one in which there is new cooperation among ministries dealing with the different aspects of children's care and development. Participants agreed that families should assume the role of advocate for their children, pressuring governments to legislate and enforce such measures as family leave, family allowances, support for single-parent families and special pedagogical training for dealing with handicapped children.

New role for NGOs

In a region where all social services were initiated and provided by the government, the development of private, non-profit or voluntary, non-governmental organizations (NGOs) that work openly for social change, encourage governments to pass laws and provide services, train professionals, organize communities to organize themselves, provide services and programmes for families and children with special needs, poses an especially difficult challenge.

At the same time, there is a special urgency about starting now. The serious economic and social problems facing the region underscore the importance of NGOs discovering their potential and taking responsibility for new initiatives in all these areas — without waiting for a new government process to be fully in effect. As new governments feel their way, they are doing so without the safety nets which are as essential to a democracy and market economy as they are to a socialist state. For those who are not taken care of, NGOs can collectively weave a new net.

This is a superb opportunity for NGOs — at all levels — to play a great role not only in helping to restore the countries of Central and Eastern Europe to a position of economic and intellectual prominence, but to help the region take its place among world leaders and donor nations in promoting the social development and well-being of all children everywhere.

For copies of this report, please contact: NGO Liaison Office, UNICEF, Palais des Nations, CH-1211 Geneva 10, Switzerland; or NGO Committee on UNICEF, H-6F, 3 UN Plaza, New York, NY 10017, USA.

The forgotten children of Chernobyl

Dr. Irena Galina, of Odessa (Ukraine), is a child neurologist who has spent the past four years working to restore the health of children affected by the 1986 nuclear disaster in Chernobyl. She is distressed by the position of her own Government, and of some international agencies, that Chernobyl no longer poses a serious health problem and that all worry is "unnecessary hysteria." They say, she claims, that fear, not radiation, is the disease. "Chernobyl is a thing of the deep, deep past."

The 2,000 children Dr. Galina has treated in Odessa have many disturbing problems, including an increase in thyroid cancer, a change in blood chemistry, neurovascular dystonia, and loss of memory and energy.

The effects of Chernobyl, she believes, are long term, and social as well as physical: "These children live in a dangerous environment, even seven years after the disaster. It is dangerous to walk on the grass, to pick flowers or mushrooms. Children can't eat vegetables or drink milk from their own cows. Their families don't understand the danger because it isn't obvious. 'Why should the milk from our cow be dangerous?'

"The children come to our institute for a short time and feel better; then we send them home. What can we do? Separate them from their families so they can live in a healthy environment? Move the whole population? Find a way to repair the environment? All children who suffer should be examined, especially their thyroid and hormone secretion. We need to do research on blood cancer, changes in the thyroid glands, other damages. It will only get worse if nothing is done."

In Haiti, planning for development cannot wait

"Despite the current crisis of poverty and want, and irrespective of the emergency gripping the entire country, there is real potential to be exploited. The emergency can't be overlooked, but it is time to plan and act for the longer term." This positive view of Jean Ayoub, head of the International Federation of Red Cross and Red Crescent Societies (IFRCRC) in Haiti, can come smack up against hard reality in the field where daily life is marked more by distress than hope.

Blackish water rushing down the hillside inundates the Port-au-Prince shanty town of Cité-Soleil, as houses seem to sway on the nauseating and contaminated water. There is no drinking water. Pigs wade in the mud. Garbage piles up and children in rags splash around in the black water together with starving chickens.

In the Bas-de-Ravine district of Cap Haïtien, the country's second largest town, a huge dry gully serves as dump and latrine for 2,000 inhabitants and as larder for pigs and chickens.

At Acul du Petit-Goâve, a poor district in a relatively prosperous small town, the vaccination of children was in full swing — until the economic embargo made medicines difficult to obtain. And, due to the shortage of gas, oil and electricity, it is no longer possible to ensure an adequate cold chain. (The cold chain is the 'chain' of steps needed to maintain a vaccine at the correct temperature from the source to the moment it is administered so that potency is ensured.)

Between 1980 and 1985, the health situation in Haiti had begun to improve, but has deteriorated, especially since the embargo. The most common diseases could be prevented and combated. Diarrhoeal diseases top the list, with children suffering an average of seven bouts a year. Next on the list are chronic respiratory infections, malaria, tetanus and typhoid. Under these conditions, many children suffer from malnutrition due more to disease than lack of food. "Ignorance, poverty and inadequate hygiene are the principal factors leading to infections in babies and young children," according to a Federation report, following a visit in July 1992 by public health experts to assess the nutritional situation in Haiti.

In 1993, development programmes will be complementary to emergency action. Community health and mother and child care will be given special emphasis. The Federation's 'Child Alive' programme, launched in 1984, will be reactivated to provide vaccinations, distribute condoms and improve general conditions of hygiene, nutrition and access to clean drinking water in the most underprivileged areas. Designed primarily to combat diarrhoea and vaccine-preventable diseases that kill millions of children each year, the programme was cut back severely in 1989, after the ouster of President Aristide and the ensuing embargo worsened the economy.

Cholera prevention programmes have been in operation for six months. The epidemic, which has affected more than 300,000 people in Latin America, has spared Haiti so far. Should the disease break out, whole areas of the country will be on the brink of disaster. Crowded living conditions and the chronic lack of basic hygiene encourage the rapid spread of cholera.

In preparedness, this year the Haitian Red Cross, supported by the Federation, has taught 25 local trainers to work with victims of cholera. They, in turn, will each train 80 others.

This article is excerpted from Spotlight, *the International Federation of Red Cross and Red Crescent publication.*

Romanian children

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money in similar activities — washing car windshields, selling candy or gum, shining shoes, begging and sex — for survival. But the majority of street children in Bucharest are younger than elsewhere, averaging about age nine or ten, sometimes as young as five.

Although the number of street children is still low, there is serious concern about the future. Many of them are from government institutions and orphanages. Some have been released during the process of deinstitutionalization, "aged out" when they reached 14, or escaped only to end up on the streets. Picked up by the police and returned to the institutions, many escape again.

One American NGO director said, "The worst is yet to come. With the number of older children in orphanages and institutions growing very quickly and with no long-term care available, the only place left for them will be the streets." He added that if nothing is done immediately to deal with these large numbers of children coming out of institutions, over the next few years as many as 18,000 children in this city of approximately 2 million people could be on the streets.

Marilyn Rocky is Executive Director of ChildHope USA.

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Rocking the boat: A special school in Poland integrates 'normal' and handicapped children.

A very special school

By Sara Ann Friedman

As a visitor pokes her head inside a kindergarten classroom, she sees two young women swinging a blanket filled with giggling children. As a bearded male teacher circles the blanket, muttering, singing, undulating his fingertips up and down like waves, a dozen five-year-olds roll and spill onto one another with much joy and little restraint. They are in a 'boat' lost at sea, mercilessly thrown about by heavy ocean swells as they frantically try to escape the clutches of the bearded 'shark'.

This kindergarten scene is far from typical — in Poland where it occurs, or almost anywhere in the world. It **is** typical, however, of the five classrooms in the Integrated Public Kindergarten and integrative groups of the Grammar School No. 161 in Warsaw. Two of the dozen children rolling around in the blanket have cerebral palsy. Two have other severe motor dysfunctions. It is impossible to distinguish any of them from the 'normal' children.

That is the way it is supposed to be, according to Jadwiga Bogucka, founder and manager of this four-year-old project in which 27 physically or mentally handicapped children are fully integrated with 85 'normal', or mainstream, children. They work and play together in the same classrooms, at their own pace in individually designed programmes, reading, writing, painting or dancing under a giant orange parachute.

Special low bars line the hallway walls for children who have difficulty walking. And paper footprints numbered from 1 to 20 stretch along the floors for those who have difficulty learning to count. "From our short experience," says Bogucka, "being and learning together is a benefit to both the handicapped and the healthy children."

Bogucka and her teachers rise to the challenge of an almost impossible goal — to develop both the uniqueness of **every** individual child and the best sense of family and community inculcated by a loving group.

The past four years, however, have not been smooth sailing. In 1987, educator and psychologist Bogucka went to Hamburg (Germany) to observe a very special kindergarten programme for difficult and disabled children. She returned to Warsaw with the "bug" and found that she just "had to do it." Bogucka, as a psychologist at the Warsaw Rehabilitation Centre (designed for physically disabled children), well understood the sense of isolation and failure endured by handicapped children, separated from their families and from other children and doomed to a programme that treated them as 'different' and 'hopeless'.

"The biggest disaster is the system of separation," she says, "not the disability." She sees this separation as a violation of the rights of handicapped children and their parents.

The path from dream to realization was arduous. At first, the Ministry of Education was sceptical. As Bogucka had predicted, the Ministry said that classes would be too small, and 'normal' children would suffer. A special curriculum would have to be designed.

Teachers, too, were a challenge. "Most prefer not to work with handicapped children. There is no special pedagogy. And there is much fear that 'normal' children will be held back. We needed teachers who were young, open and energetic," said Bogucka.

Canvassing parents — of both 'normal' and disabled children — brought positive results. This was due largely to the parish priest who offered space and announced the idea to his parishioners in his sermons. "This was a chance for parents and children to develop in a deeper sense, their relationship to one another, and for parents as well as children to mature, " said the priest.

In September 1989, the first integrated kindergarten opened and for two years continued without government approval. The school now has classes up to the second grade with plans to continue to the eighth grade. Integration training programmes have begun all over Poland, and a handful of new integrated schools have opened.

However, this bold educational experiment is not yet a firm tradition. Costs are high for special materials, individually designed programmes and the low teacher-pupil ratio of about one to five. While the Government now pays the rent and teacher salaries, the remaining expenses must be raised by the community.

There are no grades and, despite studies showing the progress of children from integrated groups as equal to those from regular schools, the clearly observable benefits to both 'normal' and handicapped children are hard to measure, Bogucka acknowledges. But she is hopeful and determined. For anyone watching her, the teachers and the children in action, working together, it is impossible not to feel the same.

Sara Ann Friedman is Editor of ***NGO Action for Children.***

RESOURCES

UNICEF Publications

The following publications are available from your nearest UNICEF office or National Committee, or from UNICEF, 3 UN Plaza, H-9F, New York, NY 10017, USA.

Available in English unless otherwise noted.

1993 UNICEF Annual Report. Available also in French and Spanish.

AIDS: The Second Decade — A Focus on Youth and Women. Available also in French and Spanish. Booklet.

Harnessing the Power of Ideas: Communication and social mobilization for UNICEF-assisted programmes. A case-study by Colin Fraser.

Media kit on the Convention on the Rights of the Child. New edition. Also available in French and Spanish.

Facts for Life. New edition. Available also in Arabic, French, Portuguese, Russian and Spanish. US$1.

Refugees, Internally Displaced and the Poor: An Evolving Ethos of Responsibility. Address by James P. Grant, Executive Director of UNICEF, at the Round Table on the Papal Document, 'Refugees: A Challenge to Solidarity', United Nations, 9 March 1993.

Albania's Children. Booklet on children's needs and UNICEF assistance. 16 p.

UNICEF in former Yugoslavia: Putting children first, in the past, in the present and in the future. Booklet.

BFHI News. Monthly newsletter on the baby-friendly hospital initiative. Also available in Spanish.

Latest Videos. Newsletter of the UNICEF Video Clearinghouse, produced in collaboration with the International Communication Enhancement Center at Tulane University School of Public Health and Tropical Medicine, New Orleans. Carries reviews of UNICEF country office video productions.

Global Child Health News and Review. New quarterly newspaper produced by the Global Child Health Network.

The following publications are available from the International Child Development Centre, Spedale degli Innocenti, Piazza SS. Annunziata 12, 50122, Florence, Italy.

International Child Development Centre Publications Catalogue. January 1993. Free.

Innocenti Insights, Children of Minorities: Gypsies, edited by Sandro Costarelli. May 1993. 76 p. US$9.

Innocenti Occasional Paper:

Two Errors of Targeting, by Giovanni Andrea Cornia and Frances Stewart. March 1993. 50 p. US$8.

Other Publications

1993 Human Development Report, published for the United Nations Development Programme by Oxford University Press, 2001 Evans Road, Cary, NC 27513, USA, and P.O. Box 43, New Delhi 110001, India. 230 p. US$17.95.

Reaching Health for All, edited by Jon Rohde, Meera Chatterjee, and David Morley. Foreword by James P. Grant. Oxford University Press, New Delhi. 524 p. 1993. Paperback US$9.95. (Available in September.)

Educating All the Children: Strategies for Primary Schooling in the South, by Christopher Colclough with Keith M. Lewin. Clarendon Paperbacks, Oxford University Press Inc., New York. 1993. 332 p. Hardcover US$52; paperback US$16.95.

Education for All. Set of three monographs that complete the official documentation of the World Conference on Education for All (Jomtien, Thailand, March 1990). Sub-titles are: ***Purpose and Context; An Expanded Vision;*** and ***The Requirements.*** Available from UNESCO sales agents, or by prepaid order, 100 French francs per set, from UNESCO Sales Division, 7 Place de Fontenoy, 75352 Paris 01 SP, France. French and Spanish will follow.

EFA 2000. Quarterly bulletin published by UNESCO for the International Consultative Forum on Education for All. Available from the EFA Forum Secretariat, UNESCO, Paris. Also in Arabic, French and Spanish.

Environmental Problems in Third World Cities, by Jorge E. Hardoy, Diana Mitlin and David Satterthwaite. Earthscan Publications Ltd., 120 Pentonville Road, London N1 9JN, UK. 288 p. £11.95.

We Are on the Radio. Imaginative and practical package of a book and an audiotape to involve children in making broadcasts about health. Copyright free. Produced by the Child-to-Child Trust, Institute of Education, 20 Bedford Way, London WC1H 0AL, UK. £3.50 plus packing and postage.

UNICEF Videos

Audiovisual materials are available from UNICEF offices and National Committees. (Check with your local office for catalogues.)

Raised Voices. 30 minutes. Video on child participation in the Convention on the Rights of the Child. Also in French and Spanish.

Children and the Environment. 20 minutes. Co-production with NRK Norway and the Norwegian Committee for UNICEF. Looks at the environment and children in Africa.

Meena. 13.25 minutes. Animated cartoon promoting education for the girl child in South Asia. Video also in Bangla, Hindi, Nepali and Urdu.

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